

Case Number:	CM15-0072725		
Date Assigned:	04/23/2015	Date of Injury:	05/01/2012
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old man sustained an industrial injury on 5/1/2012. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 7/9/2013, lumbar spine MRI dated 7/9/2013, right shoulder MRI dated 7/9/2013, and MRI of the left shoulder date 7/9/2013. Diagnoses include lumbar radiculopathy and cervical radiculopathy. Treatment has included oral medications, chiropractic care, physical therapy, and acupuncture. Physician notes dated 12/8/2014 show complaints of low back, bilateral shoulders, and neck pain. Recommendations include topical medications and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retro Request Amitriptyline/Dextromethorphan/Gabapentin DOS 12/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 5/1/2012. The medical records provided indicate the diagnosis of lumbar radiculopathy and cervical radiculopathy. Treatment has included oral medications, chiropractic care, physical therapy, and acupuncture. The medical records provided for review do not indicate a medical necessity for Retro Request Amitriptyline/Dextromethorphan/Gabapentin DOS 12/16/2014. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. None of the agents is a recommended topical analgesic. The request IS NOT medically necessary.