

Case Number:	CM15-0077164		
Date Assigned:	04/28/2015	Date of Injury:	12/10/2012
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/22/2015

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, Florida, California

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:

The injured worker was a 25-year-old female, who sustained an industrial injury, December 10, 2012. The injured worker previously received the following treatments physical therapy, cervical spine MRI, left knee MRI, lumbar spine MRI, thoracic spine MRI, cervical spine x-rays, thoracic spine x-rays, acupuncture, Norco, Naproxen, Cyclobenzaprine, Pantoprazole and random toxicology laboratory studies. The injured worker was diagnosed with cervical spine sprain/strain with myospasms, thoracic spine sprain/strain with myospasms, lumbar spine sprain/strain with myospasms, left knee sprain/strain, cervical spine disc desiccation, cervical spine disc protrusion, lumbar spine retrolisthesis, left knee effusion, anxiety and insomnia. According to progress note of January 15, 2015, the injured workers chief complaint was upper back, low back and left knee pain. The injured worker reported difficulty with walking, standing and lifting which increased the injured worker's pain. The injure worker rated the pain at 7 out of 10, 0 being no pain and 10 being the worse pain. The physical exam noted decreased range of motion of the cervical spine. The lumbar spine had tenderness over the distal third of the lumbar spine with paraspinous muscle spasms. The left knee had tenderness over medial and lateral malleolus. The treatment plan included prescription for Cyclobenzaprine/2% Gabapentin 15%/Amitriptyline 10% 180gram and Gabapentin 15%/Amitriptyline 4% /Dextromethorphan 10% 180 gram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm: Upheld

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MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

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