

Case Number:	CM15-0078693		
Date Assigned:	04/29/2015	Date of Injury:	05/14/2014
Decision Date:	05/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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 40 year old female sustained an industrial injury to the back and neck on 5/14/14. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture and medications. In a PR-2 dated 4/7/15, the injured worker complained of neck and low back pain. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine paraspinal musculature with spasms, decreased range of motion, negative straight leg raise and negative Fabere's test. Current diagnoses included cervical disc displacement, cervical spine radiculopathy, cervical spine sprain/strain, cervical spine degenerative disc disease, lumbar disc protrusion and lumbar spine sprain/strain. The treatment plan included six visits of extracorporeal shockwave therapy, medications (Tramadol, Cyclobenzaprine and topical compound creams included Amitriptyline HCL 10%/ Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base for the lumbar spine), a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 10%/ Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 5/14/14. The medical records provided indicate the diagnosis of cervical disc displacement, cervical spine radiculopathy, cervical spine sprain/strain, cervical spine degenerative disc disease, lumbar disc protrusion and lumbar spine sprain/strain. Treatments have included physical therapy, acupuncture and medications. The medical records provided for review do not indicate a medical necessity for Amitriptyline HCL 10%/ Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base for the lumbar spine. 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. The requested treatment is not medically necessary because all the agents in the compounded topical analgesic is not recommended.