

Case Number:	CM14-0009971		
Date Assigned:	02/21/2014	Date of Injury:	11/22/1998
Decision Date:	07/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old male who has submitted a claim for ulnar nerve lesion, reflex sympathetic dystrophy associated with an industrial injury date of November 22, 1998. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of bilateral hand pain and right shoulder pain. He also complained of right wrist and hand pain with difficulty pulling the index finger. There was also pain in the index finger and thumb. Physical examination revealed tenderness over the medial epicondyle. There was tenderness over the ulnar side of bilateral wrists with altered sensation and diminished motor strength. There was evidence of cubital tunnel compression with provocative maneuvers at the elbow. Right hand range of motion was restricted with complaints of pain on flexion at the metacarpophalangeal joint of the thumb limited to 5 degrees and flexion at the metacarpophalangeal joint of the index finger limited to 5 degrees. Tinel's test and carpal compression test were positive. Examination of the foot revealed pain with movement in all directions. There was tenderness over the 1st metatarsal, 2nd metatarsal, 4th metatarsal, and 5th metatarsal and midfoot. Treatment to date has included occupational therapy, functional restoration programs, aquatic therapy, shoulder surgery, shoulder injections, and medications, which include Bupropion 150mg, Lorazepam 1mg, Temazepam 30mg, Ambien CR 12.5mg, Trazodone 100mg, Ibuprofen 600mg, and a compounded topical cream containing Cyclobenzaprine 10% plus Gabapentin 10%. Utilization review from January 24, 2014 denied the request for Cyclobenzaprine 10% + Gabapentin 10% cream because the medical records provided did not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. Particular formulation also contains agents that are not supported by guidelines for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10% + GABAPENTIN 10% CREAM: Upheld

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

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

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, and cholinergic receptor antagonists). There is little to no research to support the use of many of these agents. There is no evidence for use of Cyclobenzaprine as a topical product. Guidelines do not support the use of both opioid medications and Gabapentin in a topical formulation. Compounded products have limited published studies concerning its efficacy and safety. Furthermore, 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. Topical compound contained Cyclobenzaprine and Gabapentin. In this case, the patient has been on a topical compounded product since August 2013. Compounded products were prescribed as adjuvant therapy for oral medications, however, there was no discussion concerning the need for two different topical medications. In addition, the compounded product contains components that are not recommended for topical application. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Cyclobenzaprine 10% + Gabapentin 10% Cream is not medically necessary.