

Case Number:	CM14-0167569		
Date Assigned:	10/14/2014	Date of Injury:	05/06/2008
Decision Date:	11/17/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 injured worker is a 36-year-old female who sustained an injury on 5/6/08. As per 9/24/14, she presented with chronic pain in the neck, arm, hand, and many joints on both sides. Pain was described as burning with hypoesthesia. The pain at worst was 9-10/10, at least 5-6/10, and an average 7-8/10 in last month. Overall pain level with medications was 4-5/10 and 7-10/10 without. Exam revealed positive bilateral resisted grip and lift, tenderness of posterior cervical and upper medial thoracic areas and decreased ROM. The report of an MRI of the cervical spine showed disc bulging at C4-5 and C5-6 with no neurologic impingement and postsurgical changes noted from C5 through C7 region. MRI of the left shoulder revealed findings suspicious for anterior paralabral cyst with possible inferior labral tear. The electrodiagnostic studies showed median nerve impingement, left greater than right, consistent with carpal tunnel syndrome, but no evidence of cervical radiculopathy. He had two orthopedic surgeries of the shoulder. He is currently on Norco and ibuprofen. The current request is for the compound topical cream. Diagnoses include carpal tunnel syndrome, cervical disc disorder, arthralgia shoulder, shoulder impinging syndrome and lateral epicondylitis. The request for Cyclobenzaprine 10%, Gabapentin 10%, Flurbiprofen 20%, Tramadol 20% QTY 1 was denied on 10/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%, Gabapentin 10%, Flurbiprofen 20%, Tramadol 20% QTY: 1.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine are not recommended in topical formulation. Gabapentin is not recommended for topical use per guidelines, as there is no peer-reviewed literature to support its use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended per guidelines. Thus, the medical necessity of the requested compound is not established per guidelines. The request is not medically necessary.