

Case Number:	CM14-0036906		
Date Assigned:	06/25/2014	Date of Injury:	10/08/2001
Decision Date:	07/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/26/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 8, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; topical compounds; earlier left shoulder surgery; earlier cervical fusion surgery; and extensive periods of time off of work, on total temporary disability. In a utilization review report dated March 11, 2014, the claims administrator denied a request for two topical compounds and an oral muscle relaxant, Cyclobenzaprine. The applicant's attorney subsequently appealed. In a progress note dated July 12, 2013, the applicant was described as off of work, on total temporary disability. It was noted that the applicant had originally leg pain secondary to cumulative trauma at work as opposed to a specific, discrete injury. The applicant was asked to pursue further cervical epidural steroid injection therapy and/or spinal cord stimulator. The applicant was on Norco and Ambien at this point in time, it was stated. On June 6, 2014, the applicant was again described as off of work, on total temporary disability, with ongoing complaints of neck and shoulder pain. The applicant apparently had derivative complaints of depression and insomnia, it was suggested. A variety of agents, including Norco, Sonata, and Topamax were renewed. The applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for topical compound Amitramadol-DM4/20/10% 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines MTUS Page(s): 112-113.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, effectively obviates the need for what page 111 of the MTUS Chronic Pain Guidelines deems "largely experimental" topical compounds such as the amitramadol agent in question here. Therefore, the request is not medically necessary.

Prospective request for 1 prescription for topical compound Gabaketolido Transderm 240gm: Upheld

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

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

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Guidelines, two of the ingredients in the compound in question, Ketoprofen and Gabapentin, are specifically not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary.

Prospective request for 1 prescription for Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Guidelines, the addition of Cyclobenzaprine or Flexeril to the other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic, adjuvant, and topical medications, including Norco, Topamax, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.