

Case Number:	CM14-0037404		
Date Assigned:	06/25/2014	Date of Injury:	08/23/2012
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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 Family 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:

49 yr. old female claimant sustained a work injury on 8/23/12 involving the neck, left shoulder, right arm and right wrist. She had a diagnosis of cervical degenerative disc disease/radiculopathy, right wrist carpal tunnel, right lateral epicondylitis and right forearm strain. A progress note dated 10/18/13 stated that she had continued pain and spasms in her neck along with 9/10 rated pain in the left shoulder, and right upper extremity. Physical findings were notable for tenderness in the rotator cuff region, lateral epicondyle of the right arm and a positive Tinel's sign in the right wrist. She had been taking various oral analgesics and her treating physician had prescribed her topical compounded topical- Gabapentin as well as topical- Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Topical -Gabapentin 10%/Lidocaine 5%/Tramadol 15% 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation Comp 2012 on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com) (updated 02/14/2012) : Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS, this treatment is largely experimental in use with few randomized controlled trials to determine efficacy or safety and is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no peer-reviewed literature to support use of Gabapentin, and based on the guidelines, it is not recommended and is therefore not medically necessary.

Compounded Topical- Cyclobenzaprine 2%/ Flurbiprofen 25% 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation Comp 2012 on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com) (updated 02/14/2012) : Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS, this treatment is largely experimental in use with few randomized controlled trials to determine efficacy or safety and is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any other muscle relaxant as a topical product. Cyclobenzaprine is a muscle relaxant and based on the guidelines is not recommended and is therefore not medically necessary.