

Case Number:	CM14-0190086		
Date Assigned:	11/21/2014	Date of Injury:	05/29/2010
Decision Date:	01/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/14/2014

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:

This is a male patient with the date of injury of May 29, 2010. A Utilization Review dated October 24, 2014 recommended non-certification of Cyclobenzaprine 2 percent, Flurbiprofen 25 percent 180 grams #1; Cyclobenzaprine 2 percent, Gabapentin 15 percent, Amitriptyline 10 percent 180 grams #1; Capsaicin 0.025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent, Camphor 2 percent 180g #1; and Gabapentin 15 percent, Amitriptyline 10 percent, Dextromethorphan 10 percent 180 grams #1. A Progress Report dated October 20, 2014 identifies Subjective Complaints of low back pain, bilateral knee pain, insomnia, anxiety and depression. Physical examination findings are not identified. Diagnoses identify lumbar sprain and strain. Treatment Plan identifies compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2 percent, Flurbiprofen 25 percent 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Cyclobenzaprine 2 percent, Flurbiprofen 25 percent 180 grams, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Specifically regarding topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, be currently requested Cyclobenzaprine 2 percent, Flurbiprofen 25 percent 180 grams is not medically necessary.

Cyclobenzaprine 2 percent, Gabapentin 15 percent, Amitriptyline 10 percent, 180 grams:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Cyclobenzaprine 2 percent, Gabapentin 15 percent, Amitriptyline 10 percent, 180 grams, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Specifically regarding topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, be currently requested Cyclobenzaprine 2 percent, Gabapentin 15 percent, Amitriptyline 10 percent, 180 grams is not medically necessary.

Capscian 0.025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent, Camphor 2 percent 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Capsaicin 0.025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent, Camphor 2 percent 180 grams, Amitriptyline 10 percent, 180 grams, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Specifically regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of

guideline support for the use of topical gabapentin, the currently requested Capsaicin 0.025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent, Camphor 2 percent 180 grams, Amitriptyline 10 percent, 180 grams is not medically necessary.

Gabapentin 15 percent, Amitriptyline 10 percent, Dextromethorphan 10 percent 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Gabapentin 15 percent, Amitriptyline 10 percent, Dextromethorphan 10 percent 180 grams, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Specifically regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical gabapentin, the currently requested Gabapentin 15 percent, Amitriptyline 10 percent, Dextromethorphan 10 percent 180 grams is not medically necessary.