

Case Number:	CM14-0191245		
Date Assigned:	11/25/2014	Date of Injury:	09/14/2004
Decision Date:	01/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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:

Injured worker is an 88 year old female who worked as a deputy clerk, municipal court with slip and fall injury on 09/14/04. The MD office visit note date 10/30/14 reports claimant suffers from pain of the head, neck, back, right shoulder, legs and has symptoms of sleep loss and anxiety. Diagnosis are headache, cervical, thoracic, lumbar sprain, myalgia/myositis, internal derangement of the knees, carpal tunnel syndrome, wrist sprain/strain, shoulder and upper arm sprain, site unspecified. Spasm of muscle. This request is for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180 gm, Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180 gm. Previous request non certified on 11/04/14. The psychological evaluation report dated 09/20/14 states current medications included Synthroid, Ranitidine, Ipratropium bromide nasal spray Evista, Aspirin, Dxilant, Prednisone, Tussionex, Diazepam, Tylenol, Sudogest, Meclizine, Vitamine D, Vitamin B6, Psyllium husk, Calcium, Vitamin D, and Kyolic. Psychotherapy was recommended x 6 sessions. Unknown whether claimant completed. No documentation of failed trial of first line recommendations of oral antidepressants. CAMTUS states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm: 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: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy.

Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180gm: 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: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy.