

Case Number:	CM14-0194224		
Date Assigned:	12/02/2014	Date of Injury:	09/28/2011
Decision Date:	09/25/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 47 year old female who sustained an industrial-work injury on 9-28-11. She reported an initial complaint of left wrist pain. The injured worker was diagnosed as having sprain of knee and leg and sprain of elbow and forearm. Treatment to date includes medication, cervical facet medial nerve radiofrequency on 3-18-14. MRI results were reported on 8-11-14. X-ray results were reported on 8-11-14. Currently, the injured worker complained of bilateral wrist and hand pain radiating up to both elbows, right more than left, neck pain that was improved since radiofrequency, and improved right shoulder pain with right shoulder procedure, and right elbow surgery on 12-18-14. Per the primary physician's report (PR-2) on 1-5-15, exam noted normal gait, neck exam noted tenderness extending from C3-6, minimal to mild bilateral cervical facet tenderness, bilateral trapezius tenderness, less painful cervical spine movement, mid back is normal, thoracic spine movements are normal, right shoulder shows minimal tenderness over anterior, lateral, and posterior aspect of right shoulder with mild pain with range of motion, left and right wrist shows carpal tunnel compression positive, Tinel's sign is positive, and Phalen's test is negative. Grip strength is reduced more to the right. The requested treatments include Cyclobenzaprine 2%/ Gabapentin 15%/ Amitriptyline 10% 180 gm and Gabapentin 15%/ Amitriptyline 10%/ Dextromethorphan 10% 180 gm.

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% 180 gm: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. In addition, the topical in question was combined with another topical medication. Since the compound above contains these topical medications, the Cyclobenzaprine 2%/ Gabapentin 15%/ Amitriptyline 10% is not medically necessary.

Gabapentin 15%/ Amitriptyline 10%/ Dextromethorphan 10% 180 gm: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin as well as topical antidepressants such as Amitriptyline are not recommended due to lack of evidence. In addition, the topical in quest was combined with another topical medication. Since the compound above contains these topical medications, the Gabapentin 15%/ Amitriptyline 10%/ Dextromethorphan 10% is not medically necessary.