

Case Number:	CM14-0195379		
Date Assigned:	12/03/2014	Date of Injury:	11/20/2013
Decision Date:	01/20/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in New York. 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 injured worker is a 49-year-old female who reported an injury on 11/20/2013. The mechanism of injury was not provided. Her diagnoses were noted to include lumbar radiculopathy, lumbar spine sprain/strain, shoulder rotator cuff syndrome, shoulder sprain/strain, insomnia, anxiety and depression. Her past treatments were noted to include medication, TENS unit and acupuncture. Her surgical history was not provided. Diagnostic studies included a CT scan of the lumbar spine on 04/28/2014, which was noted to reveal no disc bulge and/or herniation, anterior osteophytosis of the lumbar vertebrae, and a nerve conduction velocity study on 05/15/2014. During the assessment on 11/17/2014, the injured worker complained of low back dull and aching pain, and rated the pain an 8/10 without medications and a 5/10 with medications. She indicated that the pain is aggravated by activities, such as back bending, lifting, and is relieved with rest and medication. She also complained of left shoulder pain, and stated that the pain was dull and aching, and rated the pain a 6/10 without medications and a 4/10 with medications. She indicated that the pain is aggravated by activities, such as overhead reaching, lifting, and is relieved with rest and medications. The physical examination of the lumbar spine revealed tenderness and myospasm palpable over bilateral paralumbar muscles. Tenderness was also palpable in both sciatic notches. The straight leg raise test was bilaterally positive, causing low back pain radiating to posterior thigh upon 45 degree of right or left leg raising. There was decreased lumbar range of motion in all planes due to end range back pain. Current medication list was not provided. The treatment plan was to have the injured worker continue with acupuncture through treatment, and continue with medication regimen. The rationale for cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% cream 180 g and gabapentin 15%, amitriptyline 10%, dextromethorphan 10% cream 180 g was not provided. The Request for Authorization form was dated 11/17/2014.

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% Cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain

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

Decision rationale: The request for cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% cream 180gm is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compound product that contains at least 1 drug or drug class that is not recommended is not recommended. The requested compound cream contains cyclobenzaprine, gabapentin and amitriptyline. Topical gabapentin and muscle relaxants, such as cyclobenzaprine, are not recommended by the guidelines, as there is no evidence to support the use. There was a lack of adequate documentation regarding failure of antidepressants and anticonvulsants. The application site for the proposed medication was also not provided. Moreover, as the compound contains 1 or more drugs that are not recommended by the guidelines at this time, the compound is also not supported. Given the above, the request is not medically necessary.

Gabapentin 15%, Amitriptyline 10%, Dextromethorphan 10% Cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain

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

Decision rationale: The request for gabapentin 15%, amitriptyline 10%, dextromethorphan 10% cream 180gm is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compound product that contains at least 1 drug or drug class that is not recommended is not recommended. The requested compound cream contains gabapentin, amitriptyline and dextromethorphan. Topical gabapentin and muscle relaxants, such as cyclobenzaprine, are not recommended by the guidelines, as there is no evidence to support the use. There was a lack of documentation regarding failure of antidepressants and anticonvulsants. The application site for the proposed medication was not provided. Moreover, as the compound contains 1 or more drugs that are not

recommended by the guidelines at this time, the compound is not supported. Given the above, the request is not medically necessary.