

Case Number:	CM14-0196905		
Date Assigned:	12/04/2014	Date of Injury:	08/27/2008
Decision Date:	01/23/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 49-year-old female with an injury date of 08/27/2008. Based on the 08/07/2014 progress report, the patient complains of a burning, radicular neck pain and muscle spasms. She rates her pain as a 7-8/10 and her pain is aggravated by looking up, looking down, and side to side. This pain is associated with numbness and tingling radiating into the left upper extremity. The patient also has sharp bilateral shoulder pain, which she rates as a 7-8/10 for her left shoulder and an 8/10 for her right shoulder. This pain is associated with numbness, tingling, and radiating pain down the arm to her fingers. The 09/11/2014 report indicates that the patient continues to have her radicular neck pain and bilateral shoulder pain. In regards to the cervical spine, there is tenderness to palpation at the sub occipital region and scalene muscles. There is muscle guarding at the left trapezius. In regards to the bilateral shoulders, the patient has tenderness to palpation at the subacromial space and AC joint. She tested positive for her supraspinatus test on both the left and right shoulders. Sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the left upper extremity. Motor strength from the bilateral upper extremities is slightly decreased secondary to pain. The 10/28/2014 report states that the patient rates her radicular neck pain as a 7/10 and her bilateral shoulder pain as a 7/10 on the left shoulder and an 8/10 on the right shoulder. No additional positive exam findings were provided. The patient's diagnoses include the following: Cervical spine multilevel disk displacement. Cervical spine multilevel disk degeneration. Cervical radiculopathy. Status post left shoulder surgery with residual pain. Left shoulder internal derangement. Bilateral shoulder rotator cuff tears. Right shoulder sprain/strain. Right shoulder tendinitis. Bilateral shoulder pain. The utilization review determination being challenged is dated 11/06/2014. Treatment reports were provided from 05/30/2014 - 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants (for pain) topical NSAIDs Page(s): 64, 63, 111 - 112.

Decision rationale: According to the 10/28/2014 progress report, the patient presents with radicular neck pain and bilateral shoulder pain. The request is for topical compound Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180 gm. The report with the request was not provided. MTUS Guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." MTUS Guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in the patients with chronic LBP." Regarding topical products, MTUS Guidelines pages 111 - 112 state that topical NSAIDs are effective for peripheral joint arthritis/tendinitis. In this case, the patient complains of radicular neck pain and bilateral shoulder pain. There is no indication of the patient having any lower back pain in any of the reports provided, as indicated by MTUS guidelines. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. Per MTUS, Gabapentin is not recommended in any topical formulation either. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Therefore, the entire compounded cream is not supported. The requested topical compound Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% is not medically necessary.