

<b>Case Number:</b>	CM14-0204705		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/02/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Practice and is licensed to practice in New Jersey. 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 51 year-old male who was injured on 12/2/12 when he was moving bread racks onto a trailer. He injured his neck, shoulders, and elbow areas. He had severe sharp, stabbing, throbbing, and burning neck pain and tingling with left shoulder pain, numbness, tingling, and weakness. On exam, he had tender cervical paraspinal muscles and decreased range of motion. An MRI of the right elbow showed minimal joint effusion. An MRI of the left elbow shows partial tear of the common extensor tendon at the lateral epicondyle and a minimal joint effusion. MRI of the cervical spine shows a diffuse disc protrusion toward the left effacing thecal sac. MRI of the left and right shoulder showed acromioclavicular arthritis, and supraspinatus and infraspinatus tendonitis. Electrodiagnostic testing showed normal study of the neck and upper extremities. He was diagnosed with cervical annular tear, cervical disc protrusion, cervical pain, cervical strains, left shoulder impingement syndrome, left shoulder pain, rotator cuff sprain, and depression. His medications include ibuprofen and omeprazole. He had chiropractic care. On 11/6/14, he had left shoulder arthroscopy, acromioplasty, debridement of rotator cuff, debridement of the labrum, and bursectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) container of compound medication (Cyclobenzaprine, Gabapentin, Amitriptyline and Versapro): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 41-42.

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

**Decision rationale:** The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. There is no evidence to use muscle relaxants as a topical product. There is no documentation that the patient was unable to tolerate oral analgesics and many have not been trialed yet. Therefore, the request is considered not medically necessary.