

Case Number:	CM15-0000485		
Date Assigned:	01/12/2015	Date of Injury:	12/17/2012
Decision Date:	03/05/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 12/17/2012 when he sustained a fall from a ladder. MRI of the cervical spine showed focal central disc protrusion effacing the thecal sac from C3-C7 and bilateral foraminal narrowing effacing the C7 exiting nerve roots and MRI of the left shoulder showed a minimal glenohumeral joint effusion. He reported subsequent jaw, neck, shoulder, back and knee pain and was diagnosed with cervicgia, lumbago, bilateral knee enthesopathy, jaw and bilateral arm pain. Treatment to date has included oral pain medication. There was no documentation regarding any further treatments that had been received. Requests were made for acupuncture and chiropractic therapy but there was no indication as to whether these visits were performed. The only documentation in the medical record was a primary treating physician's initial evaluation report with request for authorization dated for 10/09/2014 and diagnostic test results dated 01/30/2014. The physician report on 10/09/2014 noted that the IW was complaining of severe constant jaw, neck, shoulder, low back and knee pain. The examination was notable for limited range of motion of the cervical spine, shoulders, lumbar spine and knees. The physician noted that physical therapy would be requested. There was no medical documentation pertaining to the current medication request. On 12/11/2014, Utilization Review non-certified requests for CMPD: Cyclobenz/Gabapenti/Amitripty/Versapro Day Supply and CMPD: Mentholc/Camphor C/Versapro/Capsaicin/Flurbi, noting that the medical records did not support a rationale for the use of these medications. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD: Cyclobenz/Gabapenti/Amitripty/Versapro Day supply: 30 Qty: 180 Refills:1:
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, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The CMPD: Cyclobenz/Gabapenti/Amitripty/Versapro Day supply: 30 Qty: 180 Refills:1 is not medically necessary and appropriate.

CMPD: Mentholc/Camphor C/Versapro/Capsaicin/Flurbi Day Supply: 30 Qty: 180 Refills: 1:
Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The CMPD:

Mentholc/Camphor C/Versapro/Capsaicin/Flurbi Day Supply: 30 Qty: 180 Refills: 1 is not medically necessary and appropriate.