

Case Number:	CM15-0005778		
Date Assigned:	01/26/2015	Date of Injury:	02/13/2014
Decision Date:	03/16/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, 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:

This is a 49 year old male patient, who sustained an industrial injury on 2/13/14. He has reported neck and low back pain. He sustained the injury while sorting out paper boxes of 30-40 pounds. The diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar spinal stenosis, rotator cuff syndrome, cervical radiculopathy, anxiety and insomnia. Per the doctor's note dated 12/4/2014, he had complains of neck pain and headache at 8/10 without medication and 4/10 with medications, radiating to upper extremities with numbness; The low back pain at 9/10 without medications and 5-6/10 with medications, the bilateral shoulder pain at 9/10 without medications and 5/10 with medications; lack of sleep and anxiety. The physical exam revealed tenderness and spasm over the cervical and lumbar area with decreased range of motion; bilateral shoulders- tenderness with decreased range of motion bilaterally. The medications list includes anaprox, omeprazole, cyclobenzaprine and topical creams. He has had lumbar MRI on 3/10/2014; MRI right knee and right shoulder and MRI left knee on 8/19/2014. Treatment to date has included medications, physical therapy, prolonged rest, activity modification and injections. Recommend Transcutaneous Electrical Nerve Stimulation (TENS), back brace and topical medication. On 12/15/14 Utilization Review non-certified a request for TENS (transcutaneous electrical nerve stimulation) unit, Gabapentin 15%, Amitriptyline 10% dextromethorphan 10% 180gm and Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gm, noting that based on the available documentation, the medical necessity for Transcutaneous Electrical Nerve Stimulation (TENS) unit has not been established. Regarding the Gabapentin 15%, Amitriptyline 10% dextromethorphan 10% 180gm based on the available documentation, the medical necessity

for this topical agent has not been established. Regarding the Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gm based on the available documentation, the medical necessity for this topical agent has not been established. The (MTUS) Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): Page 114-116.

Decision rationale: Request: TENS (transcutaneous electrical nerve stimulation) unit. According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness". Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS (transcutaneous electrical nerve stimulation) unit is not established for this patient.

Gabapentin 15%, Amitriptyline 10% dextromethorphan 10% 180gm: Upheld

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

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

Decision rationale: Request: Gabapentin 15%, Amitriptyline 10% dextromethorphan 10% 180gm. This is a request for topical compound medication. Gabapentin is an anticonvulsant and amitriptyline is an anti depressant. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants)". (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of oral antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline and gabapentin are not recommended by the cited guidelines for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Gabapentin 15%, Amitriptyline 10% dextromethorphan 10% 180gm is not fully established for this patient.

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

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

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

Decision rationale: Request: Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gm. This is a request for topical compound medication. Cyclobenzaprine is a muscle relaxant and gabapentin is an anticonvulsant. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants)". (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of oral antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine and gabapentin are not recommended by

the cited guidelines for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gm is not fully established for this patient.