

Case Number:	CM15-0104385		
Date Assigned:	06/08/2015	Date of Injury:	07/03/2013
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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 54 year old female, who sustained an industrial injury on 7/03/2013, while employed as a kitchen manager. She reported injury to numerous body parts as a result of cumulative trauma. The injured worker was diagnosed as having rule out right carpal tunnel syndrome, rule out left wrist internal derangement, rule out right knee meniscus tear, and rule out left knee meniscus tear. Treatment to date has included diagnostics, chiropractic, acupuncture, wrist braces, transcutaneous electrical nerve stimulation unit, work restrictions, and medications. On 3/24/2015, the injured worker complains of pain in her bilateral wrists and knees. Exam of the right wrist noted tenderness to palpation, spasm of the forearm, and positive Tinel's and Phalen's signs. Exam of the left wrist noted decreased range of motion, tenderness to palpation, spasm of the forearm, and positive Tinel's and Phalen's signs. Exam of the knees noted tenderness to palpation, decreased range of motion, muscle spasm of the posterior knee, and positive McMurray's sign. Her work status was total temporary disability. Current medication regime was not noted. The treatment plan included compound medication creams for application to the bilateral wrists and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin 15%-Amitriptyline 4%-Dextromethorphan 10% 180gm #1 per 03/24/15 order: 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) 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 pain 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 anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent same anti-depressant and anti-epileptic posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of this anti-depressant and anti-seizure medication for this chronic injury without improved functional outcomes attributable to their use. The Retrospective Gabapentin 15%-Amitriptyline 4%-Dextromethorphan 10% 180gm #1 per 03/24/15 order is not medically necessary and appropriate.

Retrospective Cyclobenzaprine 2%-Gabapentin 15%-Amitriptyline 10% 180gm #1 per 03/24/15 order: 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) 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 pain 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 anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent same anti-depressant and anti-epileptic posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of this anti-depressant and anti-seizure medication for this

chronic injury without improved functional outcomes attributable to their use. The Retrospective Gabapentin 15%-Amitriptyline 4%-Dextromethorphan 10% 180gm #1 per 03/24/15 order is not medically necessary and appropriate.