

<b>Case Number:</b>	CM15-0104708		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, 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:

The injured worker is a 47 year old male, who sustained an industrial injury on April 17, 2014. He reported falling from a ladder, suffering fractures to his right arm and wrist, with injuries to his jaw, neck, upper extremities, and back. The injured worker was diagnosed as having cervical myoligamentous injury, status post open reduction internal fixation right distal radius fracture, bilateral carpal tunnel syndrome, and lumbar myoligamentous injury with bilateral lower extremity radicular symptoms. Treatment to date has included MRIs, right wrist surgery, x-rays, chiropractic treatments, electromyography (EMG)/nerve conduction study (NCS), trigger point injections, epidural steroid injections (ESIs), physical therapy, and medication. Currently, the injured worker complains of neck pain with cervicogenic headaches and radicular symptoms of both upper extremities, and lower back pain. The Treating Physician's report dated March 2, 2015, noted the injured worker reported up to 60% relief to his lower back pain and radicular symptoms with a recent epidural steroid injection (ESI) on January 12, 2015, with the relief lasting longer than two months. The injured worker rated his neck pain as a 6/10 in intensity, requesting trigger point injections as they consistently provide a good two weeks of benefit. The injured worker was noted to be on Ultram, Anaprox, Valium, and transdermal topical cream, which were noted to be beneficial. Cervical spine examination was noted to show tenderness to palpation bilaterally with increased muscle rigidity of the posterior cervical musculature, with numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles. The lumbar spine was noted to have tenderness to palpation bilaterally with muscle rigidity of the posterior lumbar musculature, with numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles, with decreased range of motion

(ROM) with obvious muscle guarding. The treatment plan was noted to include administration of four cervical trigger point injections, consideration for a second cervical epidural steroid injection (ESI), and medications reviewed with addition of a prescription for Neurontin.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% 120 gms: 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine is not recommended due to lack of evidence. In addition, the claimant had been on numerous oral analgesics and received invasive procedures for pain control. Since the compound above contains topical Cyclobenzaprine, the compound in question is not medically necessary.

**Gabapentin 10%, Amitriptyline 3%, Lidocaine 5%, Capsaicin 0.025% 120 gms: 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended due to lack of evidence. In addition, the claimant had been on numerous oral analgesics and received invasive procedures for pain control. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.