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| Case Number: | CM15-0105821 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 09/21/2013 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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 65 year old male, who sustained an industrial injury on 09/21/2013. He has reported injury to the neck, left shoulder, left elbow, left wrist, and low back. The diagnoses have included cervical spine pain; cervical spine radiculopathy; cervical disc displacement; left shoulder sprain/strain; left shoulder internal derangement; left elbow lateral epicondylitis; left wrist carpal tunnel syndrome; lumbar spine pain; lumbar spine radiculopathy; and lumbar disc displacement. Treatment to date has included medications, diagnostics, acupuncture, shockwave therapy, and physical therapy. Medications have included Deprizine, Dicopanol, Fanatrex, Tabradol, Synapryn, Terocin patches, and topical compounded creams. A progress note from the treating physician, dated 03/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of burning, radicular neck pain, greater on the left side; the pain is constant and moderate to severe; the pain is rated as 6/10 on the pain analog scale; the neck pain is associated with numbness and tingling of the bilateral upper extremities; burning left shoulder pain radiating down the arm to the fingers; the pain is constant and moderate to severe, and rated at 6/10 on the pain analog scale; burning left elbow pain with weakness, numbness, tingling, and pain radiating to the hand and fingers; the pain is constant and moderate to severe, and rated 6/10 on the pain analog scale; burning left wrist pain; the pain is constant and moderate to severe, and rated 6/10 on the pain analog scale; burning, radicular low back pain; the pain is rated at 8/10 on the pain analog scale; the back pain is constant and moderate to severe, and is associated with numbness and tingling of the bilateral lower extremities, especially in the thigh and ankles; and symptoms persist, but the medications offer him temporary relief of pain and improve his ability to have restful sleep. Objective findings included tenderness to

palpation at the occiputs, more on the left side; tenderness to palpation at the trapezius, scalene, sternocleidomastoid, and levator scapula muscles; decreased cervical spine range of motion; positive cervical distraction, cervical compression, and Spurling's tests on the left and right; tenderness to palpation at the trapezius and levator scapula and rhomboid muscles, with a trigger point noted in the left shoulder; decreased left shoulder range of motion and positive Neer's impingement, Hawkins, and Speed's tests; tenderness to palpation at the left lateral epicondyle, left carpal tunnel, and left triangular fibrocartilage complex; positive Tinel's and Phalen's signs on the left; tenderness to palpation at the paralumbar muscles and quadratus lumborum with a trigger pint noted on the right side; tenderness to palpation at the right sciatic notch; and decreased lumbar range of motion. The treatment plan has included the request for Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm; and Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld

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

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 NSAID and muscle relaxant 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 topical muscle relaxant posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Cyclobenzaprine 2%, Flurbiprofen 25% 180gm is not medically necessary and appropriate.

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

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

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 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 Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm is not medically necessary and appropriate.