

Case Number:	CM15-0105981		
Date Assigned:	06/10/2015	Date of Injury:	12/27/2012
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
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 40 year old female, who sustained an industrial injury on 12/27/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having a right carpal tunnel release, lumbar sprain/strain, lumbago, bilateral wrist arthralgia and left elbow arthralgia. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 4/6/2015 the injured worker complains of bilateral wrist pain, left elbow pain and now a reemergence of her low back pain which is 8/10. Physical examination showed lumbar tenderness to palpation with painful range of motion, tenderness to palpation and swelling of the bilateral hand/wrist. The treating physician is requesting Cyclobenzaprine 2%/ Flurbiprofen 25%/ Versa Pro Base 73%-date of service 03/13/2015 and Amitriptyline 4%/ Dextromethorphan 10%/ Gabapentin 15%/ Versa Pro Base 71% date of service-03/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/ Flurbiprofen 25%/ Versa Pro Base 73% DOS 03/13/2015: 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; 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. 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%/ Versa Pro Base 73% DOS 03/13/2015 is not medically necessary and appropriate.

Amitriptyline 4%/ Dextromethorphan 10%/ Gabapentin 15%/ Versa Pro Base 71% dispensing fee DOS 03/13/2015: Upheld

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

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. Guidelines do not recommend long-term use of this anti-depressant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Amitriptyline 4%/ Dextromethorphan 10%/ Gabapentin 15%/ Versa Pro Base 71% dispensing fee DOS 03/13/2015 is not medically necessary and appropriate.