

Case Number:	CM15-0106200		
Date Assigned:	06/10/2015	Date of Injury:	06/01/2014
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
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, Pain Management

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 33-year-old female with an industrial injury dated 06/01/2014. The injured worker's diagnoses include cervical spine musculoligamentous sprain/strain, bilateral shoulder arthralgia, and bilateral wrist sprain/strain. Treatment consisted of diagnostic studies, prescribed medications, chiropractic treatment and periodic follow up visits. In a progress note dated 03/25/2015, the injured worker reported upper back pain with radiation to bilateral shoulders, bilateral elbows with the right greater than the left. The injured worker rated upper back pain a 6/10. The injured worker reported bilateral wrist pain radiating to bilateral hands/fingers with numbness, tingling, weakness and swelling sensation. The injured worker rated bilateral wrist pain a 7-8/10. The injured worker also reported intermittent low back pain radiating to the right knee rated a 4/10 and frequent headaches. Objective findings revealed tenderness to palpitation on the anterior chest bilaterally, tenderness to palpitation on the paraspinals and upper trapezius muscles bilaterally and spinous process from C2 through C7. The treating physician also reported tenderness to palpitation with spasms on the pectoralis and upper trapezius muscles bilaterally. Tenderness to palpitation was also noted on the right biceps, triceps, right medial, right lateral, right clavicle, on the thenar eminence and carpal bones bilaterally, and on the metacarpophalangeal joint of the thumb and digits bilaterally. The treating physician requested one prescription for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, 180 gm and one prescription for Cyclobenzaprine 2%, Flurbiprofen 25%, 180 gm now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Amitriptyline 4%, Dextrimethorphan 10%, 180 gm Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Analgesics.

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

Decision rationale: Regarding the request for Gabapentin 15%, Amitriptyline 4%, Dextrimethorphan 10%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Therefore, topical compound containing gabapentin is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25%, 180 gm Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Analgesics.

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

Decision rationale: Regarding the request for Cyclobenzaprine 2%, Flurbiprofen 25%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, be currently requested compound cream containing cyclobenzaprine is not medically necessary.