

Case Number:	CM15-0106553		
Date Assigned:	06/10/2015	Date of Injury:	10/01/2014
Decision Date:	07/22/2015	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: Texas, 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 48 year old female, who sustained an industrial injury on 10/1/2014. The current diagnoses are cervical spine musculoligamentous sprain/strain, cervical spine myospasms, rule out cervical spine radiculitis versus radiculopathy, thoracic spine musculoligamentous sprain/strain, left wrist arthralgia, rule out carpal tunnel syndrome, and right hand pain. According to the progress report dated 4/22/2015, the injured worker complains of constant upper back pain with radiation to the left shoulder, arm, and hand associated with numbness, tingling, pulsing, throbbing, stiffness, and deep sensation. The upper back pain is rated at 6/10 on a subjective pain scale. Additionally, she reports constant mid back pain with radiation into the chest and armpit area associated with tenderness. The mid back pain is rate 6/10. Her left hand pain radiates into the fingers, forearm, and elbow associated with numbness, tingling, and weakness. The pain is rated 7/10. The physical examination of the cervical spine reveals tenderness to palpation with spasms over the bilateral paraspinal and left upper trapezius muscles. There is tenderness to palpation over the bilateral suboccipital region. Examination of the thoracic spine shows tenderness to palpation over the bilateral paraspinals and spinous processes of T1 through T6. The left hand is tender to palpation over the thenar, hypothenar, and carpal bones with a positive Phalen's test. The medications prescribed are Naproxen, Fexmid, and Prilosec. Treatment to date has included medication management, physical therapy, chiropractic, and acupuncture. The plan of care includes prescriptions for topical compound cream. Patient sustained the injury when she was carrying a tray full of wet spoon

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15% Amitriptyline 4% Dextromathorphan 10% 150gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Request: Gabapentin 15% Amitriptyline 4% Dextromathorphan 10% 150gm. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. As per cited guideline Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Topical Gabapentin is not recommended in this patient for this diagnosis as cited. Amitriptyline is an antidepressant. Per the cited guidelines, "Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants." There is little to no research to support the use of many of these agents. Therefore topical amitriptyline is not recommended by the cited guidelines. Per the cited guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended: Topical Gabapentin, and amitriptyline are not recommended in this patient for this diagnosis as cited. The medical necessity of the request for Gabapentin 15% Amitriptyline 4% Dextromathorphan 10% 150gm is not fully established in this patient.

Cyclobenzaprine 2% Flurbiprofen 25%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Cyclobenzaprine 2% Flurbiprofen 25%. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small

and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." As per cited guideline "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The medication Flurbiprofen is a NSAID. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine and Flurbiprofen are not recommended by MTUS. The medical necessity of the medication Cyclobenzaprine 2% Flurbiprofen 25% is not fully established in this patient.