

Case Number:	CM15-0108378		
Date Assigned:	06/15/2015	Date of Injury:	06/02/2011
Decision Date:	07/16/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/05/2015

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: Preventive Medicine, Occupational Medicine

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 51 year old female, who sustained an industrial/work injury on 6/2/11. She reported initial complaints of neck, back, shoulders, right wrist and left knee. The injured worker was diagnosed as having cervical spine sprain/strain, axial neck pain, rule out facet arthropathy vs. discogenic pain, bilateral carpal tunnel syndrome, bilateral shoulder pain and impingement, and left knee sprain/strain. Treatment to date has included medication, physical therapy, acupuncture, wrist bracing, and diagnostic testing. MRI results were reported on 1/14/14 of the right wrist noting a subchondral cyst formation; MRI of left knee on 4/2/14 noting a baker's cyst; MRI of left wrist on 1/14/14 noting subchondral cyst formation; MRI of left shoulder noted acromioclavicular osteoarthritis, supraspinatus tendinitis, infraspinatus tendinitis, and subscapular tendinitis; MRI of right shoulder on 1/14/14 noted acromioclavicular osteoarthritis, supraspinatus tendinitis, infraspinatus tendinitis, subscapular tendinitis, and bicipital tenosynovitis; and MRI of lumbar spine on 1/13/14 noted spondylotic changes, disc changes; MRI of the cervical spine on 1/13/14 noted disc changes. Electromyography and nerve conduction velocity test (EMG/NCV) was performed to demonstrate bilateral carpal tunnel syndrome. Currently, the injured worker complains of pain in the posterior aspect of neck, both shoulder, and bilateral hand numbness and wrist pain, leg weakness. Per the pain management report on 4/6/15, examination revealed an antalgic gait, midline tenderness to the lumbar area, lumbar facet tenderness, mild left sacroiliac and sciatic notch tenderness, thoracic and lumbar movements are painful, inability to toe walk on heel, tenderness over posterior aspect of right and left shoulder with painful range of motion, positive carpal tunnel compression, tenderness

over medial aspect of knee, painful patellar tracking, hypoalgesia and altered sensation in distribution of left L5-S1 nerve root, and weakness of both hand grips and weakness of left lower extremity. The requested treatments include Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, 180 gm and Cyclobenzaprine 2%, Flujrbiprofen 25%, 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical compounding medications Page(s): 71.

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain, however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. Dextromethorphan is FDA approved antitussive. Uses for chronic pain are investigational and experimental. As one or more of these topical preparations is not recommended by the established guidelines, the request for gabapentin 15%, amitriptyline 4%, dextromethorphan 10%, 180 gm is determined to not be medically necessary.

Cyclobenzaprine 2%, Flujrbiprofen 25%, 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical compounded medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Topical Analgesics Section Page(s): 82-83, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. The request for cyclobenzaprine 2%, flurbiprofen 25%, 180 grams is determined to not be medically necessary.

