

<b>Case Number:</b>	CM15-0108529		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	09/20/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, 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 40 year old male, who sustained an industrial injury on 9/20/2014. Multiple dates of injury with separate claims were noted in the progress reports. The injured worker was diagnosed as having cervical spine sprain/strain, thoracic sprain/strain, lumbar sprain/strain, muscle spasms, bilateral elbow sprain/strain, bilateral wrist sprain/strain, clinical carpal tunnel syndrome, right ankle sprain/strain, right knee sprain/strain, bursitis of the right knee per magnetic resonance imaging, levoconvex scoliosis per x-ray of the thoracic and lumbar spine, os trigonum, achilles tendon bursitis, ankle mortise effusion, and cervical spine disc protrusion and facet arthrosis per magnetic resonance imaging. Treatment to date has included diagnostics, acupuncture, chiropractic physiotherapy, and medications. On 2/27/2015, the injured worker complained of pain in his right knee and ankle, neck, and mid and low back. His pain was rated 4/10. His current medication regime was not documented but he requested a refill only on his creams at the time. Exam of the cervical spine noted tenderness to palpation with spasms of the right upper trapezius muscle and strength 2+/5. Exam of the thoracolumbar spine noted tenderness to palpation with spasms of the lumbar and thoracic paraspinals and right quadratus lumborum muscle. Strength was 2+/5. Exam of the upper extremities noted tenderness to palpation with spasms of the flexor muscles and strength 2+/5. Exam of his right knee noted tenderness to palpation of the medial and lateral knee, positive McMurray's and Drawer sign, and strength 2+/5. Exam of his right ankle/foot noted tenderness to palpation of the lateral and medial ankle and strength 2+/5. His transdermal compound medications were refilled. His work status was total temporary disability. Currently (4/03/2015), the injured worker complains of

continued pain, mild to moderate in intensity. His pain was not rated on a number scale. His work status remained total temporary disability and he requested a refill of his transdermal compound creams.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective: Amitriptyline/Dextromethorphan/Gabapentin, Cyclobenzaprine/Amitriptyline/Gabapentin (3/10/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 112, 121-122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Gabapentin are not recommended due to lack of evidence. In addition, the claimant had been on transdermal medications for several months. Since the compound above contains these topical medications, the compound in question is not medically necessary.