

Case Number:	CM15-0010349		
Date Assigned:	01/27/2015	Date of Injury:	09/06/2011
Decision Date:	04/01/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/19/2015

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: Pennsylvania, Ohio, 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 55-year-old male who sustained an industrial injury on 09/06/2011. The injured worker complains of right and left shoulder pain. Diagnoses include chronic insomnia, right shoulder rotator cuff tear and low back pain. Treatment to date has included medications and acupuncture. A physician progress note dated 10/23/2014 documents the injured worker has pain in his right shoulder rated 8 out of 10, and pain in his left shoulder rated 3 out of 10. He states his current pain regimen, both oral and creams, is helpful in alleviating pain symptoms. There is tenderness to palpation in the posterior rotator cuff region of both shoulders, and pain with range of motion exercises. Treatment requested is for Cyclobenzaprine 2%, Flurbiprofen 25% 180gm, and Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm. On 01/09/2015 Utilization Review non-certified both Cyclobenzaprine 2%, Flurbiprofen 25% 180gm, and Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm, and cited California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines.

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% 180gm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 12/31/2014), Compound Drugs, Criteria for Compound Drugs.

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

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. Additionally this guideline specifically does not recommend the use of Gabapentin topically. This request is not medically necessary.

Cyclobenzaprine 2%, Flubiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 12/31/2014), Compound Drugs, Criteria for Compound Drugs.

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

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. Additionally this same guideline does not recommend the use of Cyclobenzaprine topically. This request is not medically necessary.