

Case Number:	CM15-0130177		
Date Assigned:	08/18/2015	Date of Injury:	08/26/2013
Decision Date:	09/15/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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: North Carolina

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 57 year old male, who sustained an industrial injury on August 26, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical sprain and strain, thoracic sprain and strain, lumbosacral sprain and strain with radiculopathy, right shoulder sprain and strain, left shoulder sprain and strain with tendinosis and impingement syndrome per magnetic resonance imaging, right elbow sprain and strain with lateral epicondylitis, left elbow sprain and strain, bilateral wrist strain and sprain, bilateral wrist carpal tunnel syndrome per electromyogram with nerve conduction velocity, right knee sprain and strain with meniscal tear per magnetic resonance imaging, right ankle sprain and strain, right foot contusion, moderate single episode major depressive disorder and pain disorder associated with psychological factors, and insomnia. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, electromyogram with nerve conduction velocity, magnetic resonance imaging of the right knee, and medication regimen. In a re-evaluation report dated April 29, 2015 the treating physician reports complaints of pain to the neck, left shoulder, bilateral elbows, bilateral wrists, lower back, and right knee along with depression anxiety, and sleeping disturbance. The documentation provided did not include the injured worker's current medication regimen. The injured worker's pain to the neck was rated a 5 out of 10 on a scale of 0 to 10, the pain level to the low back was rated a 4 out of 10 on the visual analog scale, the pain level to the left shoulder was rated a 6 out of 10 on the visual analog scale, the pain level to the bilateral elbows was rated a 5 out of 10 on the visual analog scale, the pain level to the bilateral wrists

was rated a 4 out of 10 on the visual analog scale, and the pain to the right knee was rated a 6 out of 10 on the visual analog scale. The documentation provided did not indicate the injured worker's pain level as rated on a pain scale after use of his current medication regimen to indicate the effects with the use of the injured worker's current medication regimen. The treating physician also noted that the injured worker's pain levels increases with activity, but did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested the medication Flurbi (NAP) cream-LA (Flurbiprofen, Lidocaine, and Amitriptyline) and the medication Gabacyclotram (Gabapentin, Cyclobenzaprine, and Tramadol) to minimize the possible neurovascular complications and to avoid the complications associated with narcotic medications, and to prevent upper gastrointestinal bleeding secondary to use of non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi(NAP) cream-LA: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

Gabacyclotram: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use

with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.