

Case Number:	CM15-0132166		
Date Assigned:	07/24/2015	Date of Injury:	07/14/2014
Decision Date:	09/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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, 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 55 year old female, who sustained an industrial injury on July 14, 2014. She reported her right shoulder locked up and she felt a burning sensation down to her fingertips. The injured worker was diagnosed as having a right shoulder sprain-strain, trapezius muscle sprain-strain and sprain-strain of other specified sites of the shoulder and upper arm. Treatment to date has included medications, MRI, physical therapy, home exercise program, massage, sleep study, sudoscan and cardio-respiratory testing. Currently, the injured worker complains of occasional moderate right shoulder pain that is described as sharp, stiff, heaviness, numb, tingling, weak and cramping and is rated at 7 on 10. The injured worker is currently diagnosed with right rotator cuff tear, right shoulder impingement syndrome, depression and anxiety. Her work status is modified duty. A physical therapy note dated December 11, 2014 states the injured worker completed physical therapy and was able to engage without guarding. A progress note dated June 4, 2015, states the injured worker experiences pain relief from medication and massage. The following medications, Alprazolam 1 mg #60 to alleviate anxiety, and Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base 240grams #30 grams to decrease pain and inflammation, are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Guidelines state that Benzodiazepines such as Alprazolam are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose. This patient has been diagnosed with depression and anxiety. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder and depression is an antidepressant. In this case there is no evidence of pain relief or improvement in functional capacity with the use of Alprazolam. Based on the above, the request is not medically necessary or appropriate.

gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base #30 grams/240 gms:
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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety and efficacy. Any compounded product that contains at least one drug that is not recommended is not recommended. Guidelines state that Gabapentin is not recommended for topical application, so any compounded product containing Gabapentin is not recommended. Amitriptyline is likewise not recommended for topical use. Therefore the request for Gabapentin/Amitriptyline/Bupivacaine topical cream is not medically necessary or appropriate.