

Case Number:	CM15-0133573		
Date Assigned:	07/21/2015	Date of Injury:	11/05/2013
Decision Date:	08/18/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 11/05/2013. Mechanism of injury was not found in documents presented. Diagnoses include head pain with contusion, cervical musculoligamentous sprain-strain, and rule out cervical spine discogenic disease, lumbosacral musculoligamentous sprain-strain, bilateral shoulder sprain, and rule out left shoulder impingement syndrome. Treatment to date has included diagnostic studies, medications, and home exercises. He is currently not working. Unofficial X ray report of the cervical spine done on 04/27/2015 showed severe osteophytes and decreased curvature at C6, C7, and T1, and x rays of the lumbar spine showed decreased curvature. Medications were not listed. A physician progress note dated 05/26/2015 documents the injured worker complains of moderate neck, low back and left shoulder pain. He rates his pain as 4 out of 10 on a pain scale of 1 to 10, with 10 being the most severe. His migraines have subsided. He has palpable tenderness to the cervical spine and lumbar spine. The left shoulder has palpable tenderness and there is decreased range of motion of the shoulder with abduction of 140-180. The treatment plan includes physical therapy, home exercises, neurology consultation and a prescription refill for Motrin. Treatment requested is for Cyclobenzaprine 2%, Flurbiprofen 25% 180gm, and Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in March 2015 and continues to be treated for neck, low back, and left shoulder pain. When seen, there was cervical and lumbar spine tenderness. He had left shoulder tenderness with decreased range of motion. Physical therapy and further evaluation was requested. Medications were refilled and topical medications prescribed. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics - NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in March 2015 and continues to be treated for neck, low back, and left shoulder pain. When seen, there was cervical and lumbar spine tenderness. He had left shoulder tenderness with decreased range of motion. Physical therapy and further evaluation was requested. Medications were refilled and topical medications prescribed. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not

possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.