

Case Number:	CM15-0136200		
Date Assigned:	07/24/2015	Date of Injury:	12/04/2012
Decision Date:	08/27/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/14/2015

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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, 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 12/4/12. Initial complaints were not reviewed. The injured worker was diagnosed as having status post left shoulder arthroscopy (10/19/13); left shoulder pain and myospasms; left shoulder complete tear supraspinatus and infraspinatus tendon; left shoulder acromioclavicular osteoarthritis; insomnia; chronic pain. Treatment to date has included status post left shoulder arthroscopy with subacromial bursectomy, subacromial decompression, mini-open rotator cuff repair (10/19/13); physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 4/7/15 indicated the injured worker comes to the clinic on this date as a re-evaluation of his left shoulder. He complains of continued left shoulder pain and rates it in severity as a 10/10. He reports he has not made significant progress since his last visit and his surgeon is trying to get authorization for a MR arthrogram and surgery. He reports his pain as sharp, aching, stabbing sensation in the shoulder radiating down to his wrist with numbness and tingling in his fingers. He reports not seeing any other doctor except his surgeon. He notes he is taking diazepam and Naprosyn and requesting these medications be refilled along with the compounds. The medications help reduce the pain for a short period of time and finds he taking them more often due to the increase in pain. On physical examination of the left shoulder, the provider notes he has tenderness over the acromioclavicular and posterior rotator cuff muscles. His range of motion flexion is 85 degrees, extension 10 degrees, abduction 70 degrees, adduction 15 degrees, internal rotation 45 degrees, external rotation is 40 degrees. He has positive impingement, Neer's

and Hawkin's testing. His urine toxicology screening is consistent with medications. The provider is requesting authorization of Retrospective Amitriptyline, Dextromethorphan, Gabapentin (duration and frequency unknown) for DOS 4/7/2015 and Retrospective Cyclobenzaprine, Amitriptyline, Gabapentin (duration and frequency unknown) for DOS 4/7/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Amitriptyline, Dextromethorphan, Gabapentin (duration and frequency unknown) for DOS 4/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 60, 105, 111-113.

Decision rationale: Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Per the article; "Topical Analgesics in the Management of Acute and Chronic Pain" published in Mayo Clinic Proceedings (Vol 88, Issue 2, p 195-205), "Studies in healthy volunteers demonstrated that topical Amitriptyline at concentrations of 50 and 100 mmol/L produced a significant analgesic effect ($P < .05$) when compared with placebo and was associated with transient increases in tactile and mechanical nociceptive thresholds." Amitriptyline may be indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of dextromethorphan. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended." Since dextromethorphan and gabapentin are not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.

Retrospective Cyclobenzaprine, Amitriptyline, Gabapentin (duration and frequency unknown) for DOS 4/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 60, 105, 111-113.

Decision rationale: Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Per MTUS p113 with regard to topical cyclobenzaprine, "There is no evidence for use of any muscle relaxant as a topical product." Per the article "Topical Analgesics in the Management of Acute and Chronic Pain" published in Mayo Clinic Proceedings (Vol 88, Issue 2, p 195-205), "Studies in healthy volunteers demonstrated that topical Amitriptyline at concentrations of 50 and 100 mmol/L produced a significant analgesic effect ($P < .05$) when compared with placebo and was associated with transient increases in tactile and mechanical nociceptive thresholds." Amitriptyline may be indicated. Since cyclobenzaprine and gabapentin are not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.