

Case Number:	CM15-0142933		
Date Assigned:	08/03/2015	Date of Injury:	04/25/2011
Decision Date:	08/31/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 31 year old female, who sustained an industrial injury on 4-25-2011. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical and thoracic spine sprain-strain, cervical, thoracic and lumbar herniated nucleus pulposus, cervical degenerative disc disease, cervical and lumbar radiculopathy and lumbar 2 compression fracture. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-5-2015, the injured worker complains of neck pain and muscle spasm, rated 4-5 out of 10, mid back pain and muscle spasm, rated 5 out of 10 and low back pain and muscle spasm, rated 7 out of 10. Physical examination showed cervical, lumbar and thoracic tenderness and decreased range of motion. The treating physician is requesting Retrospective date of service 5-2-15 for compound: Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gms and Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 5.21.15 for compound: Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gms: 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: MTUS Guidelines are very specific with the recommendation that only FDA/Guideline supported topical agents be utilized and any compound that includes an unsupported agent should not be utilized. The Guidelines specifically state that topical muscle relaxants (Cyclobenzaprine) and that topical Gabapentin are not supported. There are no unusual circumstances to justify an exception to Guidelines. The Retro DOS: 5.21.15 for compound: Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gms was not supported by Guidelines and was not medically necessary.

Retro DOS: 5.21.15 for compound: Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm:
Upheld

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

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

Decision rationale: MTUS Guidelines are very specific with the recommendation that only FDA/Guideline supported topical agents be utilized and that any compound that includes an unsupported agent should not be utilized. The Guidelines specifically state that topical muscle relaxants (Cyclobenzaprine) is not supported. The Guidelines also do not support Flurbiprofen, other topical NSAIDS are Guideline supported if there are qualifying medical conditions. There are no unusual circumstances to justify an exception to Guidelines. The Retro DOS: 5.21.15 for compound: Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm was not supported by Guidelines and was not medically necessary.