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| Case Number: | CM15-0161498 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 05/06/2014 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/21/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 05-06-2014. She has reported injury to the right hand and small finger, and low back. The diagnoses have included right hand pain, rule out derangement; right small finger pain; low back pain; lumbar radiculitis; lumbar spine sprain-strain, rule out herniated nucleus pulposus; myalgia and myositis, unspecified; spasm of muscle; and unspecified sleep disorder. Treatment to date has included medications, diagnostics, rest, and activity modification. Medications have included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen Cream, and compounded topical creams. A progress report from the treating physician, dated 06-23-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of right hand and small finger pain; the pain is constant, and moderate to severe; the pain is rated as 8 out of 10 on a pain analog scale; the pain is aggravated by gripping, gasping, reaching, pulling, and lifting; she has weakness, numbness, tingling in the hands and fingers more on the left side; she has burning, radicular low back pain; the pain is rated as 7 out of 10 on a pain analog scale; the pain is constant, and moderate to severe; the pain is associated with numbness and tingling of the bilateral lower extremities; the pain is aggravated by prolonged positions and activities of daily living such as getting dressed and performing personal hygiene; and the pain is alleviated with rest and activity restriction. Objective findings included she is alert, oriented, and in no acute distress; there is palpable tenderness noted over the bilateral wrist flexors and extensors and at the fifth digit; sensation to pinprick and light touch is diminished along the median nerve distribution in the right upper extremity; motor strength is 4 out of 5 in all the represented muscle

groups in the right upper extremity; there is palpable tenderness noted at the lumbar paraspinal muscles and over the lumbosacral junction; lumbar ranges of motion are decreased; slightly decreased sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally; and motor strength is 4 out of 5 in all the represented muscle groups in the lower extremities. The treatment plan has included the request for Cyclobenzaprine 2 Percent, Gabapentin 15 Percent, Amitriptyline 10 Percent, 180 Grams; and Capsaicin 0.25 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent, 180 Grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2 Percent Gabapentin 15 Percent Amitriptyline 10 Percent 180 Grams:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded antidepressant, muscle relaxant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of an antidepressant without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Cyclobenzaprine 2 Percent Gabapentin 15 Percent Amitriptyline 10 Percent 180 Grams is not medically necessary and appropriate.

Capsaicin .025 Percent Flurbiprofen 15 Percent Gabapentin 10 Percent Menthol 2 Percent Camphor 2 Percent 180 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short

duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-epileptic posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this Capsaicin and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Capsaicin .025 Percent Flurbiprofen 15 Percent Gabapentin 10 Percent Menthol 2 Percent Camphor 2 Percent 180 Gram is not medically necessary and appropriate.