

Case Number:	CM15-0161555		
Date Assigned:	08/27/2015	Date of Injury:	08/21/2001
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
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: 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 56 year old female, who sustained an industrial injury on 08-21-2001. On provider visit dated 06-25-2015 the injured worker has reported neck pain, carpal tunnel syndrome and low back pain. On examination the lumbar spine revealed mild diffuse weakness of the legs bilaterally. Sensation was decreased over the inner thigh bilaterally and the posterolateral calf. Patrick's sign was and Gaenslen's maneuvers were positive and tenderness over the paraspinals was noted. Straight leg raise was positive. Cervical spine revealed moderate diffuse tenderness of the posterior neck and range of motion was moderately decreased globally. Spurling test was positive on the right and left. The diagnoses have included chronic pain syndrome. Treatment to date has included medication, wrist brace, injections, heat, home exercise program, topical compound and physical therapy. The provider requested Bupivacaine HCL 1.2gm-Diclofenac Sod 3.6mg-Doxepin HCL 3.6gm-Gabapentin 7.2gm-Orphenadrine Cit 6gm-Pentoxifylline 3.6gm #120gm (x3 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupivacaine HCL 1.2gm/Diclofenac Sod 3.6mg/Doxepin HCL 3.6gm/Gabapentin 7.2gm/Orphenadrine Cit 6gm/Pentoxifylline 3.6gm #120gm (x3 refills): Upheld

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

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

Decision rationale: The claimant has a remote history of a work-related injury in August 2001 and is being treated for neck and low back pain and symptoms of carpal tunnel syndrome. When seen, she had completed physical therapy and was performing a home exercise program. There was an antalgic gait. There was cervical and lumbar tenderness with decreased cervical range of motion. There was pain with lumbar range of motion. There was positive Spurling's and straight leg raising. There was sacroiliac joint tenderness with positive Patrick and Gaenslen tests. There was decreased upper extremity and lower extremity sensation. Orphenadrine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. 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 Doxepin. 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 would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.