

Case Number:	CM15-0161917		
Date Assigned:	08/27/2015	Date of Injury:	07/15/2014
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
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 52 year old male who sustained a work related injury July 15, 2014. While removing railroad tracks with the use of a mallet, he experienced injury to his right eye and pain to his neck, shoulders, mid and lower back and right knee. Electrodiagnostic studies performed September 4, 2014, (report present in the medical record) revealed mild to moderate bilateral carpal tunnel syndrome and bilateral chronic-active C5-C6 radiculopathy. According to an initial primary treating physician's report, dated July 28, 2015, the injured worker presented with visual disturbances with a history of eye laceration, neck pain, rated 7 out of 10 with spasm, and numbness and tingling of the bilateral upper extremities, mid back pain, rated 7 out of 10 with spasms, low back pain, rated 7 out of 10, with numbness and tingling of the bilateral lower extremities and right knee pain, rated 7 out of 10, with numbness and tingling and pain radiating to the foot. Physical examination revealed; pupils are equal and reactive to light, ptosis noted, right eye (complete eye exam deferred to specialist); cervical spine-positive cervical distraction and compression tests left and right, sensation to pinprick and light touch is diminished over C5, C6, C7, C8 and T1 dermatomes in the upper extremities; lumbar spine-can heel to walk, pain with heel walking, squats 30% of normal due to pain, positive Flip test right and left; right knee- antalgic gait and 1 + effusion, patella-femoral crepitus, tenderness to palpation over the medial joint line and to the patella-femoral joint, Apley's compression and patella grinding tests are positive, right and anterior and posterior drawer are negative, right; decreased sensation and light touch at L4, L5, and S1 dermatomes, bilaterally. Diagnoses are right eye ocular motor dysfunction; visual disturbances; cervical-thoracic-lumbar sprain strain,

rule out herniated disc; cervical and lumbar radiculopathy; right knee sprain strain, rule out internal derangement. At issue, is the request for authorization for Cyclobenzaprine-Gabapentin-Amitriptyline and Gabapentin-Amitriptyline-Dextromethorphan.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 20% 120gm: 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.

Decision rationale: The claimant sustained a work-related injury in July 2014 and is being treated for pain throughout the spine with radiating upper extremity and lower extremity symptoms, bilateral shoulder, and right knee pain and the residual effects of a right eye injury. He was seen for an initial evaluation by the requesting provider. He was taking medications for pain relief but the specific medications and doses were not listed. Physical examination findings included right eye ptosis. There was tenderness throughout the spine with decreased range of motion. There was right knee tenderness with decreased range of motion and a joint effusion. There was joint line and patellofemoral tenderness with crepitus. There were positive neural tension tests. There was decreased strength and sensation and a lumbar trigger point was present. Urine drug screening was performed. Topical medications were prescribed. 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. 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 Dextromethorphan and Amitriptyline. 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 as well as oral medications. This medication was not medically necessary.

1 Prescription of Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 120gm: 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.

Decision rationale: The claimant sustained a work-related injury in July 2014 and is being treated for pain throughout the spine with radiating upper extremity and lower extremity symptoms, bilateral shoulder, and right knee pain and the residual effects of a right eye injury. He was seen for an initial evaluation by the requesting provider. He was taking medications for pain relief but the specific medications and doses were not listed. Physical examination findings included right eye ptosis. There was tenderness throughout the spine with decreased range of motion. There was right knee tenderness with decreased range of motion and a joint effusion. There was joint line and patellofemoral tenderness with crepitus. There were positive neural tension tests. There was decreased strength and sensation and a lumbar trigger point was present. Urine drug screening was performed. Topical medications were prescribed. 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. 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. 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 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 as well as oral medications. This medication was not medically necessary.