

Case Number:	CM15-0167363		
Date Assigned:	09/08/2015	Date of Injury:	03/25/2015
Decision Date:	10/07/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/25/2015

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 41-year-old female, who sustained an industrial injury on 3-25-2015. She reported pain in her neck, left shoulder and left arm after being assaulted. Diagnoses have included cervical radiculopathy, cervical sprain-strain, left shoulder sprain-strain, right shoulder sprain-strain and chest pain. Treatment to date has included physical therapy, medication and psychotherapy. According to the progress report dated 6-26-2015, the injured worker complained of intermittent chest pain and tightness rated 8 out of 10. She complained of intermittent neck pain radiating into the left upper extremity rated 8 out of 10. She complained of continuous right shoulder pain rated 10 out of 10 and continuous left shoulder pain rated 8 out of 10. She also complained of continuous right arm pain rated 10 out of 10 and continuous left arm pain rated 8 out of 10. Exam of the cervical spine revealed midline tenderness over C3 to T1. There was tenderness over the right upper trapezius and rhomboid. Authorization was requested for Flurbiprofen 25%-Cyclobenzaprine 2% 180gm compound and Gabapentin 15%-Dextromethorphan 10%-Amitriptyline 4% 180gm compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Cyclobenzaprine 2% 180gm compound: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in March 2015 and is being treated for radiating neck and bilateral arm pain and psychological trauma after an assault. When seen, there was bilateral sternocleidomastoid muscle tenderness with spasms. There was cervical tenderness with a decreased lordosis and decreased range of motion. There was decreased right shoulder range of motion with positive impingement and Empty can tests bilaterally. There was pain with shoulder range of motion. There was right upper trapezius and rhomboid muscle tenderness. Her BMI is over 42. Medications were prescribed including oral Naprosyn and omeprazole. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. 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. An oral NSAID is being prescribed and prescribing a topical NSAID medication is duplicative. The request was not medically necessary.

Gabapentin 15%/Dextromethorphan 10%/Amitriptyline 4% 180gm compound: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in March 2015 and is being treated for radiating neck and bilateral arm pain and psychological trauma after an assault. When seen, there was bilateral sternocleidomastoid muscle tenderness with spasms. There was cervical tenderness with a decreased lordosis and decreased range of motion. There was decreased right shoulder range of motion with positive impingement and Empty can tests bilaterally. There was pain with shoulder range of motion. There was right upper trapezius and rhomboid muscle tenderness. Her BMI is over 42. Medications were prescribed including oral Naprosyn and omeprazole. 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. This medication was not medically necessary.