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| Case Number: | CM15-0180101 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 07/04/2015 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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 45 year old male who sustained an industrial injury on 7-4-2015. A review of medical records indicates the injured worker is being treated for cervical spine sprain strain with history of fractured vertebrae, thoracic spine sprain strain with history of fractured vertebrae, lumbar spine sprain strain with history of fractured vertebrae, bilateral shoulder pain sprain strain, bilateral knee pain sprain strain, and bilateral ankle pain sprain strain. A review of medical records noted neck pain a 9 out of 10 with activities, right shoulder and arm pain an 8 out 10 with activities, left shoulder rated a 9 out 10 with activities, upper-middle back pain rated a 9 out 10 with activities, right knee rated an 8 out 10, right ankle rated 10 out Of 10 with activities, left ankle a 10 out 10 with activities. Physical examination noted 7-28-2015 noted tenderness and spasms over the bilateral lumbar paraspinals and positive midline tenderness. He was unable to do range of motion. There was tenderness and spasms over the bilateral pectoralis and tenderness over the bilateral upper trapezius, latissimus dorsi, rotator cuff, Range of motion to the bilateral shoulders was decreased. There was diffuse tenderness to bilateral knees. Range of motion was decreased. There was diffuse ankle tenderness bilaterally. There was full range of motion but there was pain throughout. Treatment has included medications. Utilization review noncertified Flurbiprofen-25% cyclobenzaprine 2 % 180 grams and Gabapentin 15 % - Dexamethorphan-Amitriptyline 4 % 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Cyclobenzaprine 2%, 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents on 08/26/15 with head pain rated 8/10, neck pain rated 7-9/10, right shoulder pain rated 6-8/10, left shoulder pain rated 8-9/10, upper/middle back pain rated 7-9/10, ribcage pain rated 9/10, stomach pain rated 8/10, right knee pain rated 7-8/10, left knee pain rated 5-8/10, and bilateral ankle pain rated 8-10/10. The patient's date of injury is 07/28/15. The request is for Flurbiprofen 25%, Cyclobenzaprine 2%, and 180 grams. The RFA was not provided. Physical examination dated 07/28/15 reveals diffuse point tenderness in the bilateral ribs, epigastrium, umbilicus with guarding noted, and tenderness to palpation of the bilateral cervical, thoracic, and lumbar paraspinal musculature. The provider also notes decreased sensation in the lumbar paravertebral region, and diffuse tenderness to the bilateral knees, ankles, and calves. The patient is currently prescribed Ibuprofen, Docusate, and Diazepam. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Other Muscle Relaxants: "There is no evidence for use of any other muscle relaxant as a topical product." MTUS Guidelines, Topical Analgesics section, page 111 also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the topical compounded cream containing Flurbiprofen and Cyclobenzaprine, the requested cream is not supported by MTUS guidelines. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis, this patient presents evidence of complaints amenable to topical NSAIDS, but the treater does not specify where it is to be applied. MTUS guidelines do not support muscle relaxants such as Cyclobenzaprine in topical formulations, and specifically state that any topical compound which contains an unsupported ingredient is not indicated. Therefore, this request IS NOT medically necessary.

Gabapentin 15%, Dextromethorphan 10%, Amitriptyline 4%, 180grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents on 08/26/15 with head pain rated 8/10, neck pain rated 7-9/10, right shoulder pain rated 6-8/10, left shoulder pain rated 8-9/10, upper/middle back pain rated 7-9/10, ribcage pain rated 9/10, stomach pain rated 8/10, right knee pain rated 7-8/10, left knee pain rated 5-8/10, and bilateral ankle pain rated 8-10/10. The patient's date of injury is

07/28/15. The request is for gabapentin 15%, dextromethorphan 10%, amitriptyline 4%, 180 grams. The RFA was not provided. Physical examination dated 07/28/15 reveals diffuse point tenderness in the bilateral ribs, epigastrium, umbilicus with guarding noted, and tenderness to palpation of the bilateral cervical, thoracic, and lumbar paraspinal musculature. The provider also notes decreased sensation in the lumbar paravertebral region, and diffuse tenderness to the bilateral knees, ankles, and calves. The patient is currently prescribed Ibuprofen, Docusate, and Diazepam. Patient is currently classified as temporarily totally disabled. MTUS Topical Analgesics section, page 111-113 has the following under Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Regarding topical compounded creams on pg 111 guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded topical cream containing Gabapentin, Dextromethorphan, and Amitriptyline, the requested cream is not supported by MTUS guidelines. While this patient presents with chronic pain complaints unresolved by conservative measures, MTUS guidelines do not provide support for Gabapentin in topical formulations owing to a lack of peer-reviewed literature demonstrating efficacy. Guidelines do not support Dextromethorphan or Amitriptyline in topical formulations either, and specifically state that any topical compounded cream which contains an unsupported ingredient is not indicated. Therefore, this request IS NOT medically necessary.