

Case Number:	CM15-0192956		
Date Assigned:	10/07/2015	Date of Injury:	04/03/2015
Decision Date:	11/13/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female, who sustained an industrial injury to the neck, back and left shoulder on 4-3-15. The injured worker was diagnosed as having neck sprain and strain, lumbar intervertebral disc syndrome and sprain and strain unspecified site shoulder and upper arm. Medical records (4-21-15 through 6-9-15) indicated pain in the whole back and left shoulder. The physical exam (4-21-15 through 6-9-15) revealed decreased cervical range of motion, tenderness to palpation and no pain with left shoulder range of motion. As of the PR2 dated 7-23-15, the injured worker reports continued severe pain in the lumbar spine. Objective findings include tenderness to palpation, a positive straight leg raise test bilaterally and lumbar flexion decreased with pain. There is no documentation of current pain level or pain levels with and without medications. Treatment to date has included an EMG/NCS of the lower extremities on 6-22-15 showing normal results, a lumbar MRI on 6-17-15 showing an L4-L5 and L5-S1 broad-based disc herniation abutting the thecal sac and physical therapy. The treating physician requested Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 grams and Gabapentin 15%, Amitriptyline 4%, Dexamethorphan 10% 180 grams. The Utilization Review dated 9-4-15, non-certified the request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 grams and Gabapentin 15%, Amitriptyline 4%, Dexamethorphan 10% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 grams: Upheld

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

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

Decision rationale: The MTUS, in the ACOEM guidelines, states that, for initial treatment, topical medications are not recommended. The Chronic Pain Medical Treatment Guidelines note that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend use of topical gabapentin. It states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. In this case the request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 grams contains at least one drug (or drug class) that is not recommended. As such, the request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 grams is not medically necessary.

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

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

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

Decision rationale: The MTUS, in the ACOEM guidelines, states that, for initial treatment, topical medications are not recommended. The Chronic Pain Medical Treatment Guidelines note that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend use of topical gabapentin. It states that any compounded product that contains at least one drug (or drug class)

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