

Case Number:	CM15-0192970		
Date Assigned:	10/07/2015	Date of Injury:	07/29/2011
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
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: 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 43 year old male, who sustained an industrial-work injury on 7-29-11. A review of the medical records indicates that the injured worker is undergoing treatment for cervicalgia, cervical radiculopathy, bilateral shoulder sprain and strain, rule out internal derangement, bilateral shoulder impingement, bilateral elbow lateral epicondylitis, bilateral carpal tunnel syndrome, lumbago, lumbar radiculopathy, bilateral knee strain and sprain and sleep disorder. Treatment to date has included pain medication, compounded analgesic creams since at least 4-22-15, diagnostics, physical therapy, injections, activity modifications, off of work and other modalities. Medical records dated 4-22-15 indicate that the injured worker complains of persistent burning radicular neck pain and muscle spasms, burning bilateral shoulder pain, bilateral elbow pain, burning bilateral wrist pain, burning radicular low back pain, and burning bilateral knee pain that radiates to the feet. The pain is rated 6-7 out of 10 on the pain scale. The injured worker states that the medications offer temporary relief and allow him to be able to sleep. Per the treating physician report dated 4-22-15 the injured worker has not returned to work. The physical exam dated 4-22-15 reveals cervical tenderness with decreased cervical range of motion. There is positive cervical distraction test and positive cervical compression test. The bilateral shoulder exam reveals acromioclavicular joint (AC) arthrosis, tenderness to palpation, and crepitus with range of motion. There is decreased range of motion in the bilateral shoulders and positive Neers impingement sign and positive Kennedy Hawkin's test. There is tenderness to palpation in the bilateral elbows, decreased range of motion and positive Cozen's test. The bilateral wrists have tenderness to palpation and decreased range of motion. The lumbar exam reveals tenderness and decreased range of motion. The bilateral knee exam reveals tenderness, mild effusion bilaterally and decreased range of motion.

The treating physician indicates that the urine drug test results dated 7-1-15 and 8-26-15 were inconsistent with the medication prescribed. The request for authorization date was 8-26-15 and requested services included Compound Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% cream, 240gm, Compound Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2%, 240gm and Cyclobenzaprine 5% cream 110gm and the original Utilization review dated 9-17-15 non-certified the requests as not recommended per the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% cream, 240gm: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and steroid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent muscle relaxant, the topical compounded Baclofen and topical Cyclobenzaprine posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and steroidal medications for this chronic injury without improved functional outcomes attributable to their use. The Compound Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% cream, 240gm is not medically necessary and appropriate.

Compound Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2%, 240gm: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no

long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of antidepressant without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-epileptic medication for this chronic injury without improved functional outcomes attributable to their use. The Compound Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2%, 240gm is not medically necessary and appropriate.

Cyclobenzaprine 5% cream 110gm: 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): Cyclobenzaprine (Flexeril), Topical Analgesics.

Decision rationale: Guidelines do not recommend long-term use of this topical muscle relaxant for this chronic 2011 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional status to support further use as the patient remains unchanged. The Cyclobenzaprine 5% cream 110gm is not medically necessary and appropriate.