

Case Number:	CM15-0194377		
Date Assigned:	10/08/2015	Date of Injury:	12/21/2014
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/02/2015

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 57 year old male, who sustained an industrial-work injury on 12-21-14. He reported initial complaints of continuous neck pain, bilateral wrist, finger, and hand pain, intermittent middle and low back pain and continuous bilateral foot pain. The injured worker was diagnosed as having closed fractures of unspecified bones of the foot except the toes. Treatment to date has included medication, walking boot, gait training, and diagnostics. MRI results were reported on the right shoulder on 7-20-15 that reported acromioclavicular osteoarthritis, glenohumeral osteoarthritis with chondromalacia, subacromial subdeltoid bursitis, probable synovial verses ganglion cyst along the superior aspect of the glenoid, supraspinatus tendinosis, and infraspinatus tendinosis, subscapularis tendinosis, subchondral cyst formation within the humeral head. MRI (magnetic resonance imaging) of the cervical spine on 7-19-15 reports disc protrusions at C3-4, C4-5, central canal stenosis at C5-6 and C6-7 with right exiting root compromise. MRI (magnetic resonance imaging) of the lumbar spine on 7-18-15 reports spondylotic changes. X-rays were reported on the left foot on 2-20-15 to demonstrate displaced medial cuneiform, and displaced second metatarsal and fracture displacement of the joint noted. Currently, the injured worker complains of cervical spine, lumbar spine, right shoulder, and right wrist and hand pains with pain score of 7 out of 10, thoracic spine pain rated 8 out of 10, and bilateral ankle and foot pain rated 8 out of 10. There was numbness and tingling bilaterally. Pain was improved with medication, therapy, and creams. Per the primary physician's progress report (PR-2) on 6-5-15, exam noted tenderness to the cervical paraspinals upper trapezius region, decreased range of motion, tenderness to the thoracic and lumbar spine paraspinals with

decreased range of motion. The shoulder had tenderness to the rotator cuff and anterior cruciate ligament (ACL) regions with impingement with decreased range of motion, positive Phalen's test, and decreased range of motion to the ankles. The Request for Authorization requested service to include Gabapentin 15 percent Amitriptyline 4 percent Dextro-Methorphan 10 percent compound cream 180g and Cyclobenzaprine 2 percent Flurbiprofen 25 percent compound cream 180g. The Utilization Review on 9-11-15 denied the request for Gabapentin 15 percent Amitriptyline 4 percent Dextro-Methorphan 10 percent compound cream 180g and Cyclobenzaprine 2 percent Flurbiprofen 25 percent compound cream 180g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15 percent Amitriptyline 4 percent Dextro-Methorphan 10 percent compound cream 180g: 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 claimant sustained a work injury when, while working as a cook, he slipped on a kitchen floor in December 2014. He twisted his left foot. He has a medical history that includes long standing non-insulin dependent diabetes, and sustained a left foot Lisfranc fracture dislocation. He is being treated for pain throughout the spine, both shoulders, wrists, hands, and fingers, abdominal pain, bilateral foot and ankle pain, and secondary anxiety, depression, and insomnia. When seen, he had pain rated at 6-8/10. He was having bilateral upper extremity numbness and tingling. Physical examination findings included a body mass index over 30. There was tenderness throughout the spine. He had upper trapezius and quadratus lumborum muscle tenderness. There was decreased lumbar spine range of motion. There was bilateral rotator cuff and acromioclavicular joint tenderness and decreased shoulder range of motion. Phalen's testing was positive bilaterally. There was bilateral ankle and foot tenderness. Authorization was requested for additional evaluations, acupuncture, and medications, including topical compounded creams. 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 is not medically necessary.

Cyclobenzaprine 2 percent Flurbiprofen 25 percent compound cream 180g: 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 claimant sustained a work injury when, while working as a cook, he slipped on a kitchen floor in December 2014. He twisted his left foot. He has a medical history that includes long standing non-insulin dependent diabetes, and sustained a left foot Lisfranc fracture dislocation. He is being treated for pain throughout the spine, both shoulders, wrists, hands, and fingers, abdominal pain, bilateral foot and ankle pain, and secondary anxiety, depression, and insomnia. When seen, he had pain rated at 6-8/10. He was having bilateral upper extremity numbness and tingling. Physical examination findings included a body mass index over 30. There was tenderness throughout the spine. He had upper trapezius and quadratus lumborum muscle tenderness. There was decreased lumbar spine range of motion. There was bilateral rotator cuff and acromioclavicular joint tenderness and decreased shoulder range of motion. Phalen's testing was positive bilaterally. There was bilateral ankle and foot tenderness. Authorization was requested for additional evaluations, acupuncture, and medications, including topical compounded creams. 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. The request is not medically necessary.