

Case Number:	CM15-0203543		
Date Assigned:	10/20/2015	Date of Injury:	07/04/2015
Decision Date:	12/01/2015	UR Denial Date:	09/20/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 male who sustained an industrial injury on 7-4-15. A review of the medical records indicates that the worker is undergoing treatment for status post motor vehicle accident, cephalgia, thoracic spine sprain-strain, lumbar spine sprain-strain, left ankle sprain-strain, and right ankle sprain-strain. Subjective complaints (8-26-15) include continuous neck pain radiating into bilateral upper extremities (rated 7-9 out of 10), continuous right shoulder and arm pain (rated 6-8 out of 10), continuous left shoulder and arm pain (rated 8-9 out of 10), upper, middle and low back pain radiating into bilateral lower extremities (rated 7-9 out of 10), ribcage-chest pain (rated 6-9 out of 10), intermittent stomach and testicle pain (rated 0-8 out of 10), right knee pain (rated 7-8 out of 10), left knee pain (rated 5-8 out of 10), right and left ankle pain (rated 8 out of 10), and anxiety, depression, insomnia, and nightmares. Objective findings (8-26-15) include cervical spine tenderness and spasms (left), midline tenderness at C5-T1, thoracic spine tenderness over paraspinals, midline tenderness spinous processes at T6-T12, lumbar tenderness over bilateral paraspinals, midline tenderness L4-S1, decreased range of motion, and JAMAR right 14-14-16 and left 10-10-10. Work status was noted as currently not working. A urine drug screen was requested 8-26-15. Previous treatment includes Ibuprofen 600mg, Docusate Sodium 100mg, Diazepam, physical therapy, and a prescription for topical compound medications noted 7-28-15 for "general joint and musculoskeletal pain and neuropathic pain." A request for authorization is dated 8-26-15. The requested treatment of Flurbiprofen 25%, Cyclobenzaprine 2%, 180 grams and Gabapentin 15%, Dextromethorphan 10%, Amitriptyline 4%, 180 grams was non-certified on 9-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Cyclobenzaprine 2%, 180gms: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability, Flurbiprofen 25%, topical cyclobenzaprine 2%, #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are status post MVA; thoracic sprain; lumbar sprain; cephalgia; left ankle sprain; and right ankle pain. Date of injury is July 4, 2015. Request for authorization is September 14, 2015. According to an August 26, 2015 progress note, there are no subjective complaints documented in the medical record. The injured worker is taking oral medications and topical medications. Topical creams are not working. The injured worker ambulates with a walker and wears a back brace. Pain score is 7/10. Objectively, there is tenderness to palpation in the cervical paraspinals and lumbar paraspinals. Flurbiprofen is not FDA approved for topical use. Cyclobenzaprine topical is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and cyclobenzaprine) that is not recommended is not recommended. There is no documentation of failed first-line treatment with anticonvulsants and antidepressants. Consequently, Flurbiprofen 25%, topical cyclobenzaprine 2% are not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 25%, topical cyclobenzaprine 2%, #180 g is not medically necessary.

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

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, gabapentin 15%, dextromethorphan 10%, amitriptyline 4%, #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are status post MVA; thoracic sprain; lumbar sprain; cephalgia; left ankle sprain; and right ankle pain. Date of injury is July 4, 2015. Request for authorization is September 14, 2015. According to an August 26, 2015 progress note, there are no subjective complaints documented in the medical record. The injured worker is taking oral medications and topical medications. Topical creams are not working. The injured worker ambulates with a walker and wears a back brace. Pain score is 7/10. Objectively, there is tenderness to palpation in the cervical paraspinals and lumbar paraspinals. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (gabapentin) that is not recommended is not recommended. Consequently, gabapentin 15%, dextromethorphan 10%, amitriptyline 4%, #180 g is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, gabapentin 15%, dextromethorphan 10%, amitriptyline 4%, #180 g is not medically necessary.