

Case Number:	CM15-0209004		
Date Assigned:	10/28/2015	Date of Injury:	05/07/2013
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/23/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 5-7-13. The injured worker was being treated for lumbosacral sprain-strain and lumbosacral discogenic pain. On 5-21-15, the injured worker complains of constant lumbosacral pain radiating to bilateral lower extremities. At the time of exam, she was temporarily totally disabled. Physical exam performed n 5-21-15 revealed tenderness of lumbosacral paraspinals. Treatment to date has included physical therapy, bilateral epidural steroid injections (decreased pain), oral medications including Naproxen, Flexeril and Prilosec; home exercise program and activity modifications. The treatment plan included refilling of medications. On 9-24-15 request for Cyclobenzaprine-Flurbiprofen and Gabapentin-Amitriptyline-Dextromethorphan was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Flurbiprofen (DOS 8/10/15): 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 request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. There is no evidence to use muscle relaxants as a topical product. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Therefore, the request is not medically necessary.

Gabapentin/Amitriptyline/Dextromethorphan (DOS 8/10/15): 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 request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. Topical dextromethorphan is an NMDA receptor antagonist like ketamine. There are MTUS guidelines specifically for dextromethorphan but generally these topicals are largely experimental. Therefore, the request is not medically necessary.