

Case Number:	CM15-0026627		
Date Assigned:	02/19/2015	Date of Injury:	08/04/2011
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/12/2015

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 59 year old female who sustained a work related injury on August 4, 2011, when she incurred head, neck shoulder and back injuries after tripping and falling over an entry mat. Treatment included physical therapy, acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS) unit, anti-inflammatory drugs and pain medications. She was diagnosed with herniated lumbar disc disease, impingement syndrome, and cervical sprain with radiculopathy to the upper extremity, closed head trauma and severe depression. Currently, the injured worker complained of ongoing pain with increased depression. On February 12, 2015, a request for one prescription of Cyclobenzaprine 2%, Gabapentin 16% and Amitriptyline 10% 180 grams was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Gabapentin 16%, Amitriptyline 10% 180 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: This patient presents with increase in low back pain with limited range of motion. The current request is for CYCLOBENZAPRINE 2%, GABAPENTIN 16%, AMITRIPTYLINE 10 180G. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS specifically states that anti-depressants such as Amitriptyline are not recommended. In addition, Gabapentin and Cyclobenzaprine are also not recommended in any topical formulation. The requested compound cream IS NOT medically necessary.