

Case Number:	CM15-0027619		
Date Assigned:	02/20/2015	Date of Injury:	03/19/2012
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/13/2015

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 36 year old female who sustained a work related injury March 19, 2012. While performing her usual duties as a senior certified framer, she developed bilateral shoulder and left wrist/hand pain. Past medical history included diabetes. According to a primary treating physician's progress report dated December 23, 2014, the injured worker presented with complaints of left thumb, elbow and wrist pain, rated 6/10 with activity and decreases with therapy and medication. X-rays of the left wrist and hand dated 11/21/2014, were negative (reports present in the medical record). Diagnoses included left wrist sprain/strain, left elbow sprain/strain, left elbow lateral epicondylitis and left hand pain. Treatment plan included requests for physical therapy, topical creams and urinalysis. According to utilization review dated January 14, 2015, the request for Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% 180gm is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics. The request for Cyclobenzaprine 2%/Flurbiprofen 25% 180gm is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15% Amitriptyline 4% Dextromethorphan 10% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The patient presents with bilateral shoulder pain, rated 2-6/10 and pain in the left shoulder, left arm and left hand, rated 5-6/10. The request is for GABAPENTIN 15%, AMITRIPTYLINE 4%, DEXTROMETHOPHAN 10% 180 GM. Physical examination on 11/12/14 to the shoulders revealed tenderness to palpation over the anterior aspect of the bilateral shoulders. Physical examination to the left elbow revealed tenderness to palpation over the medial and lateral aspects of the elbow. Physical examination to the left wrist and hand revealed tenderness to palpation over the base of the left thumb. Patient's diagnosis per 11/12/14 progress report include bilateral shoulder musculo-ligamentous injury, left elbow epicondylitis, and left wrist/hand musculo-ligamentous injury with De Quervain's tenosynovitis. Patient's medications per 12/15/14 progress report include Metformin, Triamterene, Hydrochlorothiazide, Losartan, Weebutrin, Topamax and Ambien. Per 12/23/14 progress report, patient's work status is modified duties. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 2% Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The patient presents with bilateral shoulder pain, rated 2-6/10 and pain in the left shoulder, left arm and left hand, rated 5-6/10. The request is for CYCLOBENZAPRINE 2%, FLURBIPROFEN 25% 180 GM. Physical examination on 11/12/14 to the shoulders revealed tenderness to palpation over the anterior aspect of the bilateral shoulders. Physical examination to the left elbow revealed tenderness to palpation over the medial and lateral aspects of the elbow. Physical examination to the left wrist and hand revealed tenderness to palpation

over the base of the left thumb. Patient's diagnosis per 11/12/14 progress report include bilateral shoulder musculo-ligamentous injury, left elbow epicondylitis, and left wrist/hand musculo-ligamentous injury with De Quervain's tenosynovitis. Patient's medications per 12/15/14 progress report include Metformin, Triamterene, Hydrochlorothiazide, Losartan, Weebutrin, Topamax and Ambien. Per 12/23/14 progress report, patient's work status is modified duties. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine, which is not supported for topical use in lotion form. Therefore, the request IS NOT medically necessary.