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| <b>Case Number:</b>   | CM15-0027671 |                              |            |
| <b>Date Assigned:</b> | 02/20/2015   | <b>Date of Injury:</b>       | 12/20/2009 |
| <b>Decision Date:</b> | 04/21/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 55 year old female, who sustained an industrial injury on 12/20/2009. The details of the initial injury were not submitted for review. The diagnoses have included possible cervical diskogenic pain, facet pain, sprain/strain with bilateral occipital neuralgia and radicular symptoms, bilateral shoulder sprain/strain bilateral elbow sprain with epicondylitis, and bilateral wrist sprain, status post left carpal tunnel release in 2000. Treatment to date has included medication therapy, physical therapy, chiropractic therapy, acupuncture, and steroid joint injections. Currently, the IW complains of constant neck pain with radiation to upper extremities associated with tingling, numbness, weakness and headaches, bilateral shoulder pain, bilateral elbow pain and bilateral wrist and hand pain. The pain management physical examination from 9/22/14 documented tenderness of cervical spine, right and left shoulder, right and left hands and wrists with decreased Range of Motion (ROM) in all areas. The plan of care included continuation of previously prescribed medications and chiropractic therapy with home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 15%, Amitriptyline 4%, Dextromethoran 10% 180gm: Upheld**

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

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

**Decision rationale:** According to the 09/22/2014 report, this patient presents with constant neck pain on and off radiating into both upper extremities. The current request is for Gabapentin 15%, Amitriptyline 4%, Dextromethoran 10% 180 gm. The request for authorization and patient's work status are not provided for review. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. Topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The medical reports provided indicate patient has constant neck pain with occipital type of headaches with radiating bilateral upper extremity pain associated with tingling, numbness, weakness and cramps. In this case, MTUS does not support gabapentin as a topical product. The current request IS NOT medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25% 180gm:** Upheld

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

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

**Decision rationale:** According to the 09/22/2014 report, this patient presents with constant neck pain on and off radiating into both upper extremities. The current request is for cyclobenzaprine 2%, Flurbiprofen 25 % 180 gm. The request for authorization and patient's work status are not provided for review. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. MTUS further states Cyclobenzaprine topical, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The medical reports provided indicate patient has constant neck pain with occipital type of headaches with radiating bilateral upper extremity pain associated with tingling, numbness, weakness and cramps. In this case, Cyclobenzaprine cream is not recommended for topical formulation. The current request IS NOT medically necessary.