

Case Number:	CM15-0221037		
Date Assigned:	11/16/2015	Date of Injury:	01/11/2008
Decision Date:	12/28/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	11/10/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male who sustained an industrial injury on 01/11/2008. Medical records indicated the worker was treated for burning, neck, shoulder, upper extremity and radicular low back pain. In the provider notes of 07-01-2015, the worker is seen in follow up of radicular neck pain and muscle spasms described as burning, frequent to constant, moderate to severe and rated a 7-8 on a scale of 0-10. The pain is associated with radiating pain, numbness and tingling of the bilateral upper extremities and is affected by certain neck movements. He also complains of burning bilateral shoulder pain that radiates down the arm to the fingers associated with muscle spasms and weakness. The worker rates the right shoulder pain as a 6 on a scale of 0-10, and the left shoulder pain as a 7-8 on a scale of 0-10. His pain is described as frequent to constant, moderate to severe, and is aggravated by grasping, gripping, reaching, pulling, lifting or working at or above the shoulder level. The pain increases when sleeping on the right side. He has burning radicular low back pain and muscle spasms that he rates as an 8 on a scale of 0-10. This pain is frequent to constant, moderate to severe. The pain radiates to the bilateral lower extremities and is associated with numbness and tingling. The pain is aggravated by prolonged positioning, arising from a sitting position, ascending or descending stairs, and stooping. The worker complains of difficulty sleeping and is awakened at night with the pain. He relates he has been feeling anxious, stressed, and depressed due to the effect of illness on his ability to work and do activities of daily living. The worker also has Parkinson's disease. On exam, there is +2 tenderness to palpation at the supraspinatus muscles as well as tendon and muscle attachment sites. There is tenderness to palpation to the AC joint and subacromial space at the left elbow. There is +2 tenderness to palpation with mild spasms at the sub occipital region, scalene and over the sternocleidomastoid muscles. Cervical compression and distraction are positive bilaterally. Sensation to pinprick and light touch is slightly diminished over C5

through T1 dermatomes in the bilateral upper extremities. Motor strength in the bilateral upper extremities is slightly decreased due to pain. The lumbar spine has tenderness to palpation at the lumbar paraspinal muscles and lumbosacral junction. A MRI of 06-15-2015 showed disc desiccation at C2-C3 down through C6-C7 and disc herniations C3 through C7. The treatment plan includes compounded topical medications. A request for authorization was submitted for:

1. Compound cream: Cyclobenzaprine/Amitriptyline/Gabapentin/VersaPro base (DOS 7/7/15)
2. Compound cream: Cyclobenzaprine/Flurbiprofen/VersaPro base (DOS 7/7/15)

A utilization review decision 10/17/2015 non-certified both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Cyclobenzaprine/Amitriptyline/Gabapentin/VersaPro base (DOS 7/7/15): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Compound Creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request is not medically necessary.

Compound cream: Cyclobenzaprine/Flurbiprofen/VersaPro base (DOS 7/7/15): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request is not medically necessary.