

Case Number:	CM15-0034155		
Date Assigned:	02/27/2015	Date of Injury:	05/01/2012
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 49 year old male who sustained an industrial injury on 05/01/2012. Current diagnoses include bilateral shoulder pain and bilateral lumbar/sacral spine pain. Previous treatments included medication management. Report dated 10/06/2014 noted that the injured worker presented with complaints that included bilateral shoulder pain, lumbar/sacral spine pain, and depression. A detailed physical examination was not included for this date of service. Utilization review performed on 01/28/2015 non-certified a prescription for cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10% cream, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS ACOEM/Official in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

180gm Cyclobenzaprine 2%, Gabapentin 15%, and Amitriptylin 10% apply to a thin layer 3 times a day: 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: The patient presents with low back pain rated 8/10, radiating to the right leg, and right shoulder pain radiating to the right hand. The request is for 180 GM CYCLOBENZAPRINE 2%, GABAPENTIN 15%, AND AMITRIPTYLINE 10% APPLY TO A THIN LAYER 3 TIMES A DAY. Physical examination to the lumbar spine on 10/24/14 revealed tenderness to palpation to the lumbosacral region. Patient's treatments include chiropractic and physical therapy. Per 10/24/14 progress report, patient's diagnosis include c/s sp/st, l/s sp/st, Rt shoulder sp/st and Lt shoulder sp/st. Patient's medications, per 10/06/14 progress report include Cyclobenzaprine 2%, Flurbiprofen 25% and Cyclobenzaprine 2%, Gabapentine 15%, Amitriptyline 10% topical creams. 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." In this case, only two hand written progress reports were provided which were not legible. Treater has not provided reason for the request. No RFA was provided either. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin and Cyclobenzaprine, which are not supported for topical use. Therefore, the request IS NOT medically necessary.