

Case Number:	CM15-0035206		
Date Assigned:	03/03/2015	Date of Injury:	10/24/2014
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old male patient, who sustained an industrial injury on 10/24/2014. The current diagnoses are sprain/strain of the lumbar spine, right shoulder, right wrist, and right knee. The note dated 1/16/2015 was not fully legible. Per the doctor's note dated 1/16/2015, he had complains of low back, neck, right shoulder, right arm, and right wrist pain at 4-8/10 on a subjective pain scale. The physical examination revealed decreased range of motions in the right shoulder, positive Neer's sign, and positive straight raise leg test. The medications list includes topical compound creams. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided. The treating physician is requesting Cyclobenzaprine 2%, Flurbiprofen 25% 180gm and Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gm, which is now under review. On 2/10/2015, Utilization Review had non-certified a request for Cyclobenzaprine 2%, Flurbiprofen 25% 180gm and Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gm. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: Request: Cyclobenzaprine 2%, Flurbiprofen 25% 180gm. Flurbiprofen is an NSAID and Cyclobenzaprine is a muscle relaxant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants"). (Argoff, 2006) 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. "Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and cyclobenzaprine are not recommended by cited guidelines for topical use as cited below because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Cyclobenzaprine 2% Flurbiprofen 25 %, 180 gm is not fully established for this patient.

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gm: 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: Request: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gm. This is a request for topical compound medication. Gabapentin is an anticonvulsant and amitriptyline is an anti depressant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants"). (Argoff, 2006) 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. "Topical NSAIDs There is little evidence to utilize topical NSAIDs for

treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of oral antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline and gabapentin are not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gm is not fully established for this patient.