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| Case Number: | CM15-0036320 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 04/16/2010 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 57 year old female sustained an industrial injury on 4/16/10. She subsequently reports ongoing neck and shoulder pain. Treatments to date have included physical therapy and prescription pain medications. An MRI of the left shoulder, left wrist and cervical spine was taken on 10/6/14. An MRI of the left knee and lumbar spine was taken 2/2/15. On 1/26/15, Utilization Review non-certified a request for gabapentin 15% Amitriptyline 4% Dextromethorphan 10% and Cyclobenzaprine 2% Flurbiprofen 25%. The request for gabapentin 15% Amitriptyline 4% Dextromethorphan 10% and Cyclobenzaprine 2% Flurbiprofen 25% was denied based on MTUS Chronic Pain guidelines.

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%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: Gabapentin 15% Amitriptyline 4% Dextromethorphan 10% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The guidelines do not offer support for topical Amitriptyline or topical Dextromethorphan and Topical Gabapentin is not recommended by the MTUS. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Gabapentin therefore the entire product is not medically necessary.

Cyclobenzaprine 2% Flurbiprofen 25%: Upheld

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

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

Decision rationale: Cyclobenzaprine 2%. Flurbiprofen 25% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine is not supported by the MTUS and topical NSAIDs are only necessary for short term use for small joints. The request as written does not specify what body part this is for or a quantity. For all of these reasons the request for topical Medication Cyclobenzaprine 2%. Flurbiprofen 25% is not medically necessary.