

Case Number:	CM15-0039416		
Date Assigned:	03/09/2015	Date of Injury:	03/30/2014
Decision Date:	04/10/2015	UR Denial Date:	02/15/2015
Priority:	Standard	Application Received:	03/02/2015

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: Emergency 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 31-year-old female who sustained an industrial injury on March 30, 2014. The injured worker was diagnosed with cervical disc displacement and low back pain with radiculitis. According to the primary treating physician's progress report on December 18, 2014, the injured worker reported burning neck pain and muscle spasms and lower back pain with numbness and tingling of the bilateral lower extremities. Examination demonstrated tenderness and spasm at the suboccipital region and over the trapezius muscles bilaterally. Cervical active range of motion was documented as flexion at 25 degrees, extension at 60 degrees, left and right lateral rotation at 75 degrees, left lateral flexion at 25 degrees and right lateral flexion at 20 degrees. The injured worker had diminished motor strength of the bilateral upper extremities and diminished sensation over the C5 through T1 dermatomes. Deep tendon reflexes and pulses were intact. Examination of the lumbar spine demonstrated tenderness with spasm at the lumbar paraspinal muscles and over the lumbosacral junction. Active range of motion of the lumbar spine was documented at flexion 50 degrees, extension at 5 degrees, left lateral flexion at 15 degrees, right lateral flexion at 20 degrees, left rotation at 15 degrees and right rotation at 25 degrees. Straight leg raise was positive at 25 degrees bilaterally. The injured worker had diminished motor strength of the bilateral lower extremities and diminished sensation over the L4 through S1 dermatomes bilaterally. The lower extremity deep tendon reflexes and pulses were intact. Current medications are noted to be in oral suspension form for Synapryn, Tabradol, Deprizine, Dicopanor and Fanatrex along with topical analgesics and current requested compound topical. Current treatment modalities were not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medications cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10%, 180gm and cyclobenzaprine 2% and fluribuprofen 25% 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Compounded medications Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm, Cyclobenzaprine 2% and Fluribuprofen 25% 180gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anticonvulsants". The injured worker has neck pain and muscle spasms and lower back pain with numbness and tingling of the bilateral lower extremities. Examination demonstrated tenderness and spasm at the suboccipital region and over the trapezius muscles bilaterally. Cervical active range of motion was documented as flexion at 25 degrees, extension at 60 degrees, left and right lateral rotation at 75 degrees, left lateral flexion at 25 degrees and right lateral flexion at 20 degrees. The injured worker had diminished motor strength of the bilateral upper extremities and diminished sensation over the C5 through T1 dermatomes. Deep tendon reflexes and pulses were intact. Examination of the lumbar spine demonstrated tenderness with spasm at the lumbar paraspinal muscles and over the lumbosacral junction. Active range of motion of the lumbar spine was documented at flexion 50 degrees, extension at 5 degrees, left lateral flexion at 15 degrees, right lateral flexion at 20 degrees, left rotation at 15 degrees and right rotation at 25 degrees. Straight leg raise was positive at 25 degrees bilaterally. The injured worker had diminished motor strength of the bilateral lower extremities and diminished sensation over the L4 through S1 dermatomes bilaterally. The lower extremity deep tendon reflexes and pulses were intact. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Compounded medications cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10%, 180gm and cyclobenzaprine 2% and fluribuprofen 25% 180gm is not medically necessary.