

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0039952 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 08/06/1987 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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 51 year old female, who sustained an industrial injury on 8/6/1987. The diagnoses have included chronic migraine, occipital neuralgia, tension headache, cervical osteoarthritis, cervical degenerative disc disease and cervical radiculitis. Treatment to date has included physical therapy, massage and medication. According to the progress report dated 11/17/2014, the injured worker complained of chronic neck, shoulder and headache pain. She received a Toradol injection earlier that reduced her pain from 6/10 to 4/10. She reported feeling a sharp, stabbing pain in the right lower occipital region. She reported having daily migraines. Botox injection in the past provided an improvement in pain scores. She was noted to have significant side effects with all opiates and could not tolerate Neurontin. Exam of the cervical exam revealed decreased range of motion, significant diffuse tenderness in the occipital and cervical region bilaterally, spasm, trapezius tenderness and bilateral trigger points. The injured worker was seen in the emergency department on 1/14/2015 due to exacerbation of chronic headaches. She was treated with medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS RFA Medication: CMPD-FLURBIPRO / CYCLOBENZ / GABAPENTI / LIDOCAINE / PRILO Day Supply: 3 Qty: 60 Refills 99 Rx: 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 analgesic Page(s): 111-113.

Decision rationale: Per the 11/17/14 report, the patient presents with chronic neck, shoulder and headache pain along with daily migraines. She was noted to have significant side effects with all opiates and could not tolerate Neurontin. The current request is for POS RFA MEDICATION QTY: 60 REFILLS 99 RX. The RFA is not included. The patient is temporarily totally disabled. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "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." Cyclobenzaprine is a muscle relaxant and is not discussed under the MTUS Topical analgesics section, which states on page 113, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS page 113, Topical Analgesics states, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The requesting physician, [REDACTED] does not discuss this request in the two most recent reports provided from 09/23/14 and 11/20/14. It is possible non-oral medication for pain is being requested due to documented side effects of many medications. However, intended use of the medication is not mentioned, and the requested compounded topical medication contains Cyclobenzaprine, which lacks recommendation for topical formulation as well as Gabapentin, which is specifically not recommended by the MTUS guidelines. Furthermore, lidocaine is recommended only in patch form. Therefore, the current request is not recommended and IS NOT medically necessary.