

Case Number:	CM15-0041798		
Date Assigned:	03/12/2015	Date of Injury:	12/20/2012
Decision Date:	05/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/05/2015

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: Internal 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 49 year old male, who sustained an industrial injury on 12/20/2012. He reported an injury after slipping on a piece of ice. The injured worker was diagnosed as having wrist sprain/strain, chronic neck syndrome, thoracic sprain/strain, rotator cuff tear and anxiety. Recent lumbar MRI showed lumbar 4-5 disc herniation and cervical disc herniation with unremarkable thoracic spine and mild tendinosis of the right shoulder. Treatment to date has included physical therapy, injections, shockwave therapy and medications. Currently, in a progress note dated 12/10/2014, the injured worker complains of neck pain, low back pain, right shoulder pain and right hand and thumb pain. The treating physician is requesting compounded ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2 Percent/Gabapentin 15 Percent/Amitriptyline 10 Percent 180 Gram:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended. Medical records document neck, back, and extremity complaints. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended. MTUS does not support the use of a topical product containing the muscle relaxant Cyclobenzaprine and Gabapentin. Therefore, the request for a topical product containing Cyclobenzaprine and Gabapentin is not supported by MTUS. Therefore, the request for topical Cyclobenzaprine, Gabapentin, and Amitriptyline is not medically necessary.