

Case Number:	CM15-0043336		
Date Assigned:	03/13/2015	Date of Injury:	05/23/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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 53-year-old male, who sustained an industrial injury on May 7, 2014 and May 23, 2014. He reported left upper extremity pain, low back pain, left lower extremity pain and right groin pain. The injured worker was diagnosed as having cervical spine radiculopathy, cervical spine pain, cervical disc displacement, headache, left elbow sprain/strain, left lateral epicondylitis, left wrist sprain/strain, left wrist scapholunate ligament tear, left wrist subchondral cyst, status post left wrist fracture, left hand/fingers pain, status post left hand fracture, low back pain, lumbar spine sprain/strain, lumbar spine herniated nucleus pulposus, lumbar spine grade I anterolisthesis, rule out radiculitis of the lower extremity, left hip sprain/strain, left knee internal derangement, left knee osteoarthritis, umbilical hernia, recurrent and right inguinal hernia. Treatment to date has included radiographic imaging, diagnostic studies, surgical repair of the umbilical hernia, conservative treatments including chiropractic care, medications and work restrictions. Currently, the injured worker complains of moderate to severe headaches, burning radicular neck pain and muscle spasms with tingling in bilateral upper extremities, left elbow pain, left wrist and hand pain with associated radicular symptoms status post wrist fracture, low back pain, right groin pain, left hip pain and burning left knee pain with associated weakness, numbness and tingling. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 17, 2014, revealed continued pain. A consultation with an orthopedic surgeon to evaluate the knee was discussed. He was to continue chiropractic care and pain medications and creams were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm: Upheld

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

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

Decision rationale: The patient presents with neck, left elbow, low back, left hip and left knee pain all with muscle spasms and headaches, rated 4-5/10. The request is for CYCLOBENZAPRINE 2%, GABAPENTIN 15%, AMITRIPTYLINE 10% 180GM. The RFA provided is dated 02/17/15 and the date of injury is 05/23/14. The patient has a total of 27 diagnoses per 02/17/15 report, some of which include cervical spine HNP, cervical radiculopathy, lumbar spine degenerative disc disease, lumbar spine HNP, left elbow strain, left wrist strain, left hip strain, left knee internal derangement, left knee osteoarthritis and headaches. Medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine and Gabapentin, per 02/17/15 report. The patient is temporarily very disabled. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." Treater has not provided a reason for request. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form. Therefore, the request IS NOT medically necessary.