

Case Number:	CM15-0043389		
Date Assigned:	03/13/2015	Date of Injury:	08/23/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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 51 year old female, who sustained an industrial injury on 8/23/14. She reported a fall that resulted in neck, upper and lower extremity industrial injuries. The injured worker was diagnosed as having cervical disc displacement; headaches; cervical sprain/strain; low back pain; cervical radiculopathy - herniated nucleus pulposus; bilateral wrist sprain/strain; lumbar sprain/strain; lumbar radiculopathy - herniated nucleus pulposus; right ankle sprain/strain; internal derangement; right foot/toe pain. Treatment to date has included MRI right and left wrist with flexion-extension (10/6/14); MRI right ankle and right foot (10/7/14); MRI cervical spine with flex-extension (10/6/14); MRI lumbar spine with flex-extension (10/6/14). Currently, the injured worker complains of burning, radicular pain associated with numbness, weakness and tingling of the bilateral upper extremities. Additionally, the injured worker complains of burning, radicular low back pain radiating down to the right leg associated with numbness and tingling of the bilateral lower extremities with burning right ankle, foot and toes pain. It is noted that the medications for offer temporary relief of pain and improve ability to have a restful sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (10/27/14) 1 Container of Cyclobenzaprine 2%, Gabapentin 15%, and Amitriptyline 10% 180 grams: 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 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 is not recommended. Medical records indicate a history of neck, back, and limb complaints. MTUS guidelines do not support the use of topical products containing Gabapentin. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical product containing Gabapentin and Cyclobenzaprine is not supported by MTUS. Therefore, the request for topical Cyclobenzaprine, Gabapentin, and Amitriptyline is not medically necessary.

Retrospective (10/27/14) 1 Container Cyclobenzaprine 2%, and Flurbiprofen 25% 180 grams: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of

osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records indicate a history of neck, back, and limb 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 NSAIDs. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the use of a topical product containing the muscle relaxant Cyclobenzaprine and the topical NSAID Flurbiprofen. Therefore, the request for topical Cyclobenzaprine and Flurbiprofen is not medically necessary.