

Case Number:	CM15-0055926		
Date Assigned:	04/01/2015	Date of Injury:	05/01/2013
Decision Date:	07/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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: New York, Tennessee

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 52-year-old male who sustained an industrial injury on 05/01/2013. There was no mechanism of injury documented. The injured worker was diagnosed with right shoulder impingement syndrome, right carpal tunnel syndrome and lumbar herniated nucleus pulposus with radiculitis of the lower extremities. Surgical interventions or prior treatments were not documented. According to the treating physician's progress report on October 18, 2014, the injured worker continues to experience right shoulder, elbow and wrist pain radiating down the arm to the fingers associated with muscle spasms. The injured worker rates his pain level at 3- 6/10. The injured worker also reports low back pain and right groin pain radiating to the bottom of his feet with numbness and tingling of the bilateral lower extremities. Examination of the right shoulder demonstrated crepitation with decreased range of motion and tenderness to palpation at the supraspinatus, rhomboid and levator scapula muscles with a trigger point noted. There was acromioclavicular joint arthrosis noted. Neer's impingement, Hawkins and Speed's tests were positive. The right elbow examination revealed tenderness to palpation over the medial and lateral epicondyles with diminished range of motion. Cozen's sign was positive. The right wrist examination demonstrated tenderness to palpation at the triangular fibrocartilage complex, the carpal tunnel and the first dorsal muscle component. Range of motion was decreased with positive Tinel's, Phalen's and Finkelstein's tests of the right wrist. Sensation to pinprick and light touch was decreased along the median nerve distribution in the right upper extremity. Motor strength was decreased secondary to pain with vascular pulses and reflexes intact. The lumbar spine examination demonstrated tenderness to palpation at the lumbar paraspinal and quadratus lumborum muscles with a trigger point noted at the right sciatic notch. There was decreased range of motion with positive Tripod, Flip test and Lasegue's

differential testing bilaterally. There was decreased sensation to pinprick and light touch at the L5 and S1 dermatome distribution. Motor strength, deep tendon reflexes and vascular pulses were intact of the bilateral lower extremities. Current medications are listed as Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol and topical analgesics. Treatment plan consists of continuing with medication regimen with recommendations for physical therapy, acupuncture therapy, chiropractic therapy, shockwave therapy for the right shoulder, Terocin Patches, Platelet Rich Plasma injection for the right shoulder and the current retrospective request for Cyclobenzaprine 2% Amitriptyline 10% Gabapentin 15% and Cyclobenzaprine 2% Flurbiprofen 25%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine 2% Amitriptyline 10% Gabapentin 15% 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 Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: This medication is a compounded topical analgesic containing cyclobenzaprine, amitriptyline, and gabapentin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for neuropathic pain, unless they are ineffective, poorly tolerated, or contraindicated. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. This medication contains drugs that are not recommended. In this case, the patient had right upper extremity pain. Therefore, the medication cannot be recommended. The request is not medically necessary.

Retro Cyclobenzaprine 2% Flurbiprofen 25% 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 Pain Interventions and Guidelines Page(s): 13-15, 111-112.

Decision rationale: This medication is a compounded topical analgesic containing cyclobenzaprine and flurbiprofen. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. In the case the patient had right upper extremity pain. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.