

Case Number:	CM15-0058765		
Date Assigned:	04/03/2015	Date of Injury:	03/25/2010
Decision Date:	07/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/27/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 03/25/2010. She reported losing her balance and falling down stairs causing immediate onset of pain to the left shoulder, low back, left knee, neck, and upper back pain. The injured worker was diagnosed as having possible cervical strain without complaints or findings of radiculopathy, left shoulder rotator cuff tendinitis/bursitis/impingement, right shoulder rotator cuff tendinitis/bursitis/impingement, status post arthroscopic surgery with residuals, lumbosacral spine strain with no current complaints of radiculopathy, and left knee sprain/strain with possible minor lateral meniscus tear. Treatment and diagnostic studies to date has included x-rays of the lumbar spine, x-rays of the cervical spine, electromyogram with nerve conduction velocity, physical therapy, medication regimen, acupuncture, use of a back brace, and chiropractic therapy. In an initial orthopedic panel qualified medical evaluation dated 08/20/2014 the treating physician reports complaints of frequent left shoulder pain that is rated a 5 out of 10, frequent right shoulder pain that is rated a 6 out 10, intermittent neck pain that is rated a 5 to 8 out of 10, frequent low back pain that is rate a 7 out of 10, and intermittent left knee pain that is rated a 6 out of 10. Examination reveals a slightly painful heel to toe walk, mild tenderness to the neck, paraspinal muscles, trapezial and interscapular areas, mild pain to the neck with range of motion, pain to the neck and low back with compression testing and Spurling's testing, pain with range of motion to the shoulder, positive impingement sign to the right shoulder, pain with strength testing to the right shoulder, anterior tenderness to the bilateral shoulders, bilateral lumbar tenderness, pain with range of motion to the lumbar spine, pain with straight leg raises to the lumbar spine,

anterior tenderness and medial tenderness to the left knee with the medial tenderness more than the anterior, and slight lateral tenderness to the left knee. The documentation provided did not indicate the injured worker's current medication regimen and did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of the injured worker's medication regimen. The treating physician requested the pharmacy purchase of the compounded medications that consist of Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% 180gm and Cyclobenzaprine 2%/Flurbiprofen 25% 180gm, but the documentation provided did not contain the specific reason for the requested compounded medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 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 analgesics Page(s): 111-113.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain that has not responded to first-line agents such as antidepressants or anticonvulsants. 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 appropriate. In this case, the requested product contains Gabapentin, Amitriptyline and Dextromethorphan. Gabapentin is specifically not recommended, therefore the entire product is not recommended and is not medically necessary or appropriate.

Compound medication Cyclobenzaprine 2% and 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 Topical analgesics Page(s): 111-113.

Decision rationale: The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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

appropriate. In this case, the product contains cyclobenzaprine and flurbiprofen. Cyclobenzaprine is a muscle relaxant that the CA MTUS states that "there is no evidence for use of any other muscle relaxant as a topical product." Therefore, the product requested is not recommended and is not medically necessary or appropriate.