

Case Number:	CM15-0081453		
Date Assigned:	05/04/2015	Date of Injury:	04/13/2013
Decision Date:	06/02/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/28/2015

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 Jersey, New York
 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 39-year-old male who sustained an industrial injury on April 13, 2013. Previous treatment includes physical therapy, MRI of the right elbow, the lumbar spine, the left hand, the cervical spine, lumbar epidural catheter, and medications. Currently the injured worker complains of low back pain with radiation of pain to the bilateral lower extremities. Diagnoses associated with the request include cervical sprain/strain, axial left side neck pain, lumbar spine sprain/strain and lumbar radiculopathy. The treatment plan includes Flurbiprofen/cyclobenzaprine compound and gabapentin/amitriptyline/dextromethorphan compound medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen (Flurbiprofen/Cyclobenzaprine) Compound 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(s): 111-113.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Topicals are often used when oral medications are not tolerated. There was no documentation of adverse effects with oral medications. There is no evidence to use muscle relaxants as a topical product. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.

Gabapentin (Gabapentin/Amitriptyline/Dextromethorphan) Compound 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(s): 111-113.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. According to MTUS, topical gabapentin is not recommended, as there is no peer-reviewed literature to support use. Topical dextromethorphan is an NMDA receptor antagonist like ketamine. There are MTUS guidelines specifically for dextromethorphan but generally, these topicals are largely experimental. Therefore, the request is considered not medically necessary.