

Case Number:	CM15-0085517		
Date Assigned:	05/07/2015	Date of Injury:	08/09/2013
Decision Date:	06/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old female, who sustained an industrial injury on 08/09/2013. She has reported subsequent neck, left shoulder and bilateral knee pain and was diagnosed with cervical radiculopathy, cervical, left shoulder and bilateral knee sprain/strain and left shoulder impingement syndrome. Treatment to date has included oral and topical pain medication, bracing and physical therapy. In a progress note dated 03/26/2015, the injured worker complained of neck, left shoulder and bilateral knee pain. Objective findings were notable for tenderness to palpation of the cervical paravertebral muscles, the acromioclavicular joint of the left shoulder and tenderness to palpation of the anterior, medial and posterior right knee and decreased range of motion of the left shoulder and right knee. A request for authorization of Gabapentin, Compound FBD and Cyclobenzaprine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, page 60 (2) Topical Analgesics, page 111-113.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for neck, left shoulder, and bilateral knee pain. When seen, she had pain rated at 5-7/10. There was cervical, acromioclavicular joint, and right knee tenderness. There was decreased range of motion. Topical creme and oral cyclobenzaprine were prescribed. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, this medication is not medically necessary.

Compound FBD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, page 60 (2) Topical Analgesics, page 111-113.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for neck, left shoulder, and bilateral knee pain. When seen, she had pain rated at 5-7/10. There was cervical, acromioclavicular joint, and right knee tenderness. There was decreased range of motion. Topical creme and oral cyclobenzaprine were prescribed. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication is not medically necessary.

Cyclobenzaprine 75mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), page 41 (2) Muscle relaxants, page 63.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for neck, left shoulder, and bilateral knee pain. When seen, she had pain rated at 5-7/10. There was cervical, acromioclavicular joint, and right knee tenderness. There was decreased

range of motion. Topical creme and oral cyclobenzaprine were prescribed. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long-term use and is therefore not medically necessary.