

Case Number:	CM15-0086449		
Date Assigned:	05/08/2015	Date of Injury:	08/09/2012
Decision Date:	06/09/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: Physical Medicine & Rehabilitation

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 57 year old female with an industrial injury dated 08/09/2012 resulting in injuries to her lower back, mid back, bilateral knees and bilateral shoulders. Her diagnoses included upper mid back pain, bilateral shoulder arthropathy and bilateral knee internal derangement. Prior treatments included physical therapy, shockwave therapy, massage, traction, ultrasound, exercise, TENS unit, chiropractic treatments and acupuncture. She presents on 02/02/2015 with complaints of bilateral shoulder pain, bilateral knee pain, low back pain, upper back pain and neck pain. Diagnostics to include x-rays and MRI of affected body parts are documented in this note. Physical exam revealed reduced range of motion of bilateral shoulders, bilateral knees, lumbar, thoracic and cervical spine. Treatment plan included a request for epidural steroid injections, nerve blocks, medications and topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180g, Qty 1 (retrospective DOS 3/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded antidepressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this antidepressant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180g, Qty 1 (retrospective DOS 3/10/15) is not medically necessary and appropriate.

Cyclobenzaprine 2%, Flurbiprofen 25% 180g, Qty 1 (retrospective DOS 3/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Cyclobenzaprine 2%, Flurbiprofen 25% 180g, Qty 1 (retrospective DOS 3/10/15) is not medically necessary and appropriate.