

Case Number:	CM15-0242353		
Date Assigned:	12/21/2015	Date of Injury:	09/21/2011
Decision Date:	01/27/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/14/2015

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: 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:

This injured worker is a 33 year old male who reported an industrial injury on 9-21-2011. His diagnoses, and or impressions, were noted to include cervical pain, cervical radiculopathy, right shoulder sprain/ strain and myoligamentous injury, left shoulder sprain/ strain, myoligamentous injury, and internal derangement, right wrist sprain/ strain, and left wrist sprain with left carpal tunnel syndrome. CT of the head was done during the 6-16-2015 Emergency Room visit, noting no abnormalities, electro-diagnostic studies were done on 9-30-2013, noting cervical radiculopathy. His treatments were noted to include a qualified medical evaluation on 5-24-2013 and supplemental report on 8-22-2015, a psychiatric panel qualified medical evaluation on 8-26-2014, and re-evaluation on 4-10-2015, Emergency Room Visit on 6-16-2015 for new onset of headaches, medication management with toxicology studies (2-24-15, and rest from work. The progress notes of 10-21-2015 reported: frequent and severe cervical pain, rated 9 out of 10, with stiffness, heaviness and weakness, associated with movement and prolonged turning, occasional, moderate right shoulder pain, rated 3 out of 10, with stiffness, heaviness and weakness, aggravated by movement and prolonged overhead reaching, and relieved by ice, constant, moderate left shoulder pain, rated 7 out of 10, with stiffness, heaviness and weakness, aggravated by movement and prolonged overhead reaching, and relieved by ice, and constant, moderate bilateral wrist pain, rated 7 out of 10, with stiffness and heaviness in the right wrist and numbness/tingling, stiffness and heaviness in the left wrist, and both aggravated by prolonged grabbing/ grasping, gripping/ squeezing. The objective findings were noted to include morbid obesity, tenderness and spasms of the cervical para-vertebral, pain with Soto-Hall, and decreased

left rotation of the cervical spine, tenderness of the anterior right shoulder, tenderness of the anterior and lateral right shoulder with decreased abduction and flexion, and pain from supraspinatus, and tenderness to the right volar wrist and left volar wrist, with tingling from Phalen's in the left wrist. The physician's requests for treatment were noted to include 240 grams Amantadine 8%/ Cyclobenzaprine 2%/ Pentoxifylline 10%/ Bupivacaine 2%, to apply 1-2 pumps 3-4 x daily as needed for cervical spine, bilateral shoulder and bilateral wrists. The Utilization Review of 11-12-2015 non-certified the request for Amantadine 8% compound cream, 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amantadine 8%/ Cyclobenzaprine 2%/ Pentoxifylline 10%/ Bupivacaine 2% 240 gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use for neck and shoulder pain. Therefore the request is not medically necessary.