

Case Number:	CM14-0170328		
Date Assigned:	10/20/2014	Date of Injury:	02/28/2013
Decision Date:	11/20/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a male patient with a date of injury of February 28, 2013. A utilization review determination dated September 15, 2014 recommends non-certification of gabapentin 15%, amitriptyline 10%, dextromethorphan 10% cream 180 g and cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10% cream. A progress note dated September 10, 2014 identifies subjective complaints of a pain level of 10/10 of the left shoulder with radiation to the neck, and low back pain rated at a 5/10. The patient reports no radiation or associated numbness, tingling, muscle weakness, or paralysis. The patient states that his current regimen is helpful in alleviating his pain symptoms. Physical examination identifies tenderness to palpation in the anterior aspect of the left shoulder with decreased range of motion, tender to palpation at the L4 - L5 paravertebral muscle regions bilaterally, and positive straight leg raise bilaterally. The diagnoses include left shoulder strain and low back pain. The treatment plan recommends continuation of the pain regimen consisting of Flexeril, Naprosyn, omeprazole, tramadol, Norco, and the creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Amitriptyline 10%, Dextromethorphan 10% cream,180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded Page(s): 111, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding request for a topical compound, the requested topical compound is a combination of gabapentin 15%, amitriptyline 10%, and dextromethorphan 10% cream 180gm. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical gabapentin, the currently requested gabapentin 15%, amitriptyline 10%, and dextromethorphan 10% cream 180gm is not medically necessary.

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded Page(s): 111, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding request for a topical compound, the requested topical compound is a combination of cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10% cream. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical gabapentin and cyclobenzaprine, the currently requested cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10% cream is not medically necessary.