

Case Number:	CM14-0181040		
Date Assigned:	11/05/2014	Date of Injury:	02/19/2009
Decision Date:	12/09/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/31/2014

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 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 patient sustained an injury on 2/19/09 while employed by [REDACTED]. Request(s) under consideration include Topical Compound Gabapentin 15%, Amitriptyline 10%, Dextromethorphan 10% 180gm and Topical Compound Cyclobenzaprine 2%, Gabapentin 10%, Amitriptyline 10% 180gm. Report of 9/11/14 from a provider noted the patient with chronic persistent neck, low back, and left shoulder pain with difficulty sleeping. Exam showed blood pressure of 140/80; cervical spine with healed anterior scar; restricted range with 5/5 motor strength; lumbar spine with positive SLR on left (no degree); S1 radicular pain at plantar left foot; tender left sciatic notch; left shoulder with positive impingement and tenderness at AC joint; restricted range of flex/abd 105/100 degrees. Diagnoses included cervical discogenic disease/ facet arthrosis/ chronic cervical sprain/strain s/p cervical fusion (undated); left shoulder rotator cuff impingement, bursal tear; lumbar discogenic disease by history/ radiculitis of left lower extremity. Treatment plan included L5-S1 ESI x 3; left shoulder decompression surgery; refill of meds to include Norco, Anaprox, Flexeril, Colace, and Prilosec; along with soft cervical collar. Per utilization review report referring to report of 10/14/14 from the chiropractic provider noted the patient with continued chronic symptoms involving the neck, back, shoulder, wrist and hand. No other reports were presented. The request(s) for Topical Compound Gabapentin 15%, Amitriptyline 10%, Dextromethorphan 10% 180gm and Topical Compound Cyclobenzaprine 2%, Gabapentin 10%, Amitriptyline 10% 180gm were deemed not medically necessary on 10/21/14 citing guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Amitriptyline 10%, Dexamethorphan 10% 180gm: Upheld

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

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 spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2009 without documented functional improvement from treatment already rendered. The Topical Compound Gabapentin 15%, Amitriptyline 10%, Dextromethorphan 10% 180gm is not medically necessary and appropriate.

Cyclobenzaprine 2%, Gabapentin 10%, Amitriptyline 10% 180gm: Upheld

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

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 spinal and multiple joint pains without contraindication in taking oral medications. It is also unclear why the patient is being prescribed 2 concurrent muscle relaxants, oral Flexeril and topical compounded Cyclobenzaprine posing an increase risk profile without demonstrated extenuating circumstances and indication. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2009 without documented functional improvement from treatment already rendered. The Topical Compound Cyclobenzaprine 2%, Gabapentin 10%, Amitriptyline 10% 180gm is not medically necessary and appropriate.