

Case Number:	CM14-0214810		
Date Assigned:	01/07/2015	Date of Injury:	11/16/2011
Decision Date:	02/26/2015	UR Denial Date:	12/07/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Arizona, California
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:

63 yr. old female claimant sustained a work injury on 11/16/11 involving the neck, shoulder, wrists, and elbows. She was diagnosed with carpal tunnel syndrome, cervical radiculopathy, bilateral shoulder impingement syndrome and epicondylitis. A progress note on 9/18/14 indicated the claimant had 8/10 shoulder pain and 7/10 neck pain. Exam findings were notable for tenderness to palpation in the trapezial region, decreased range of motion in the cervical spine, a positive cervical compression test, impingement findings in both shoulders as well and a positive Tinel's and Phalen's test in both wrists. The physician requested topical Terocin patches and subsequently requested topical compounded Cyclobenzaprin/Gabapentin/Amytriptyline and Cyclobenzaprin/Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Gabapentin/Amitriptyline 180gm: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound above contains a topical muscle relaxant (Cyclobenzaprine). Topical muscle relaxants are not recommended due to lack of scientific evidence. The compound above therefore is not medically necessary.

Cyclobenzaprine/Flurbiprofen 180gm: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound above contains a topical muscle relaxant (Cyclobenzaprine). Topical muscle relaxants are not recommended due to lack of scientific evidence. The compound above therefore is not medically necessary.