

Case Number:	CM14-0218227		
Date Assigned:	01/07/2015	Date of Injury:	03/05/2013
Decision Date:	03/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey, New York
 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 worker has an injury date of 03/05/2013. She has diagnoses of cervical disc protrusion, radiculopathy and sprain/strain, lumbar myospasm, pain, radiculopathy, sprain /strain, right shoulder impingement syndrome and right shoulder sprain/strain, right carpal tunnel syndrome, wrist pain, right wrist sprain/strain, left carpal tunnel syndrome, left wrist pain, left wrist sprain/strain, loss of sleep, sleep disturbance, anxiety, depression, irritability, nervousness, psych component, and the Injured Worker is status post right shoulder surgery. On the secondary treating physician's progress report (PR-2) of 11/05/2014, the Injured Worker was seen for subjective complaints of pain rating 8/10 and described as a moderate dull, achy neck pain, numbness and tingling radiating to the left shoulder with numbness and tingling associated with change in temperature, sudden movement prolonged maintenance on one position and prolonged walking and prolonged driving. The neck pain is relieved with medication and rest. The Left shoulder pain was described as rating an 8.5/10 and described as constant moderate to severe dull, achy, burning pain, numbness and tingling, aggravated by repetitive movement, lifting 10 pounds, prolonged or repetitive reaching, prolonged squeezing, and prolonged or repetitive overhead reaching. The shoulder pain is relieved with medication, physical therapy and rest. Examination of the cervical spine showed no bruising swelling, atrophy or lesions, reflexes and muscle movement was normal. There was tenderness to palpation of the bilateral muscles and muscle spasm of the bilateral trapezi and cervical paravertebral muscles. Spurlings is positive. The left shoulder had no bruising, swelling atrophy our lesion, had slight restriction in movement and was tender on the anterior, lateral and posterior aspects. There was muscle spasm of the

anterior, lateral and posterior shoulder. Impingement is positive. The treatment plan included treatment with oral pain medications and topical creams. Medications included Naproxen, Protonix, Zolpidem, Gabapentin, Norco and Sennosides. A request for authorization was made on 11/05/2014 for Sennosides 8.6 mg, 100 count, Gabapentin 10%/amitriptyline 10%/bupivacaine 10% in cream base 30 grams/72 hour supply given to Injured Worker, 210 grams will be mailed to IW's home, and Compound MPHCCI- Flurbiprofen 20% / Baclofen 5% / Dexamethasone 2% / Menthol 2% / Camphor 2% / Capsaicin 0.025% in a cream base, 30 grams/72 hour supply given IW from office, 210 grams will be mailed to IW home. Urine for toxicology screen was also requested. Documents reviewed included medical documentation submitted with request including dates 07/16/2014 through 11/05/2014. After the document review attempts were made to speak with the requesting provider on 11/19/2014 and 11/21/2014. Contact was not achieved and a message was left requesting a return call. Sennosides 8.6 mg, 100 count which was approved, prospective use of Gabapentin/Amitriptyline/Bupivacaine which was non-certified citing California Medical Treatment Utilization Schedule (CA MTUS) Topical Analgesics Section, and prospective use of compound medication Flurbiprofen/ Baclofen/ Dexamethasone/ Menthol/ Camphor/ Capsaicin, which was non-certified citing the CA MTUS Topical Analgesics Section. An application for independent medical review was submitted 12/18/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Amitriptyline/Bupivacaine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. There is no evidence to use muscle relaxants as a topical product. There is no documentation that the patient was unable to tolerate oral analgesics. Therefore, the request is considered not medically necessary.

Compound medication Flurbiprofen/ Baclofen/ Dexamethasone/ Menthol/ Camphor/ Capsaicin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Topicals are often used when oral medications aren't tolerated. There was no documentation of adverse effects with oral medications. Topical baclofen is not recommended as per MTUS guidelines as there is no peer-reviewed literature to support its use. There are no guidelines for the use of menthol with the patient's spine complaints. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.