

Case Number:	CM15-0013709		
Date Assigned:	02/02/2015	Date of Injury:	09/16/2014
Decision Date:	03/24/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33 year old female, who sustained an industrial injury on 09/16/2014. On 1/23/15, the injured worker submitted an application for IMR for review of Cyclobenzaprine 2%, Flurbiprofen 15%, Amitriptyline 10%- 180gm, and Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% - 150gm. The treating provider has reported the injured worker complained of left ankle pain. The diagnoses have included left ankle strain. Treatment to date has included physical therapy, foot brace and medications for pain. On 12/26/14 Utilization Review non-certified Cyclobenzaprine 2%, Flurbiprofen 15%, Amitriptyline 10%- 180gm, and Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% - 150gm. The MTUS Guidelines were used for this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% - 150gm: Upheld

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

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

Decision rationale: On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. In this case, the request compounded includes a gabapentin component. Therefore, topical gabapentin / amitriptyline / dextromethorphan is recommended as not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 15%, Amitriptyline 10%- 180gm: Upheld

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

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

Decision rationale: Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product, whether it is "baclofen" or any other muscle relaxant. Therefore, in the absence of guideline support for topical muscle relaxants, the currently requested cyclobenzaprine / flurbiprofen / amitriptyline topical compound is not medically necessary.