

Case Number:	CM15-0017300		
Date Assigned:	02/05/2015	Date of Injury:	11/21/2013
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 59 year old female, who sustained an industrial injury on November 21, 2013. The diagnoses have included cervical and thoracic sprain/strain, bilateral shoulder internal derangement rule out rotator cuff tear, low back pain and bilateral ankle pain. A progress note dated December 3, 2014 provides the injured worker complains of radicular neck, shoulder and back pain with muscle spasms rated 4-5/10. She also has numbness and tingling in the upper extremities and bilateral ankle pain. On January 12, 2015 utilization review non-certified a request for 180 gm Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 3 times a day for pain and 180 gm Cyclobenzaprine 2% Flurbiprofen 25% 3 times a day for pain. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 gm Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 3 times a day for pain:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain (updated 12/31/14)

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

Decision rationale: This patient presents with left shoulder pain with positive impingement sign. The current request is for 180GM CYCLOBENZAPRINE 2%, GABPENTIN 15%, and AMTRIPTYLINE 10% 3 TIMES A DAY FOR PAIN. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. In this case, Gabapentin and cyclobenzaprine are not recommendation in any topical formulation; therefore, the entire compound topical cream is rendered invalid. This topical compound medication IS NOT medically necessary.

180 gm Cyclobenzaprine 2% Flurbiprofen 25% 3 times a day for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain

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

Decision rationale: This patient presents with left shoulder pain with positive impingement sign. The current request is for 180GM CYCLOBENZAPRINE 2%, FLURIBIPROFEN 25% 3 TIMES A DAY FOR PAIN. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, cyclobenzaprine is a muscle relaxant and not recommendation in any topical formulation; therefore, the entire compound topical cream is rendered invalid. This topical compound medication IS NOT medically necessary.