

Case Number:	CM15-0111817		
Date Assigned:	06/18/2015	Date of Injury:	05/09/2007
Decision Date:	07/16/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 42-year-old female, who sustained an industrial injury on 5/9/07. She reported immediate pain in low back following a motor vehicle accident; she then noted neck pain and bilateral wrists/hand pain and numbness. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, status post left shoulder arthroscopy with residuals, bilateral De Quervain's tenosynovitis, bilateral carpal tunnel syndrome, lumbar disc disease and lumbar facet syndrome. Treatment to date has included physical therapy, oral medication including Tramadol, Ibuprofen and Flexeril, left shoulder surgery and activity restrictions. (MRI) magnetic resonance imaging of cervical spine performed on 4/7/15 noted slight broad inferior leftward tilt with slight broad reversal of curvature and 2mm broad posterior protrusion of C5-6. Currently, the injured worker complains of frequent, aching, burning, throbbing pain of cervical spine with radiation to the left upper extremity rated 3-6/10, constant aching, throbbing pain of left shoulder rated 4-8/10, frequent, shooting pins and needles pain of right wrist/hand with numbness of the digits rated 2-6/10 and frequent, shooting, pins and needles pain of the left wrist/hand with numbness of the digits rated 2-6/10. She also complains of frequent, aching, burning, throbbing, pins and needles pain of the lumbar spine with radiation to the bilateral lower extremities rated 2-8/10. She notes difficulty with activities of daily living due to her lumbar spine pain. She is currently not working. Physical exam noted palpable tenderness of the cervical spine spinous processes and supraspinatus ligaments, palpable tenderness of the bilateral cervical spine paraspinal musculature and trapezius muscles and pain with range of motion; bilateral shoulder exam noted palpable tenderness of the left acromioclavicular joint, subacromial space and rotator cuff and left shoulder pain with range of motion and exam of bilateral wrist/hand revealed palpable tenderness of the volar and dorsal aspects of the bilateral wrists/hands, palpable tenderness of the bilateral 1st dorsal compartment and pain with range of motion. Palpable tenderness is also noted of the spinous processes and supraspinatus ligaments

of the lumbar spine with palpable tenderness of the bilateral lumbar spine paraspinal musculature, palpable tenderness of the bilateral sacroiliac joints and sciatic notches and pain with range of motion. The treatment plan included prescriptions for Tramadol, Flexeril and Motrin, topical analgesic creams, interferential unit for home use and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded topical cream (Amitriptyline 4%, Baclofen 4%, Gabapentin 5%, Cyclobenzaprine 2%, Flurbiprofen 10%, Clonidine 0.2% (CCP PG-K) #180: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound topical cream(Amitriptyline 4%, Baclofen 4%, Gabapentin 5%, Cyclobenzaprine 2%, Flurbiprofen 10%, Clonidine 0.2%) (CCP PG-K) #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Topical Baclofen is not recommended. Topical Gabapentin is not recommended. Topical Cyclobenzaprine is not recommended. Topical Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are cervical disc disease; cervical radiculopathy; status post left shoulder arthroscopy with residuals; bilateral DeQuervain's tenosynovitis; bilateral carpal tunnel syndrome; lumbar disc disease; lumbar facet syndrome. The injured worker presented to a pain management provider on April 7, 2015. Subjectively, the injured worker had neck, low back and wrist complaints. The injured worker was taking Advil. There were no other medications documented in medical record. On April 7, 2015, the new provider prescribed tramadol, Flexeril, Motrin and compound topical (Amitriptyline 4%, Baclofen 4%, Gabapentin 5%, Cyclobenzaprine 2%, Flurbiprofen 10%, Clonidine 0.2%) (CCP PGK) #180 g. There were no directions for anatomical region to apply the topical analgesic. There were no first-line treatment failures with antidepressants or anticonvulsants documented in the medical record. Topical Baclofen is not recommended. Topical Gabapentin is not recommended. Topical Cyclobenzaprine is not recommended. Topical Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Baclofen, Gabapentin, cyclobenzaprine, and Flurbiprofen) that is not recommended is not recommended. Consequently, compound topical (Amitriptyline 4%, Baclofen 4%, Gabapentin 5%, Cyclobenzaprine 2%, Flurbiprofen 10%, Clonidine 0.2%) (CCP PG-K) is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, compound topical cream(Amitriptyline 4%, Baclofen 4%, Gabapentin 5%, Cyclobenzaprine 2%, Flurbiprofen 10%, Clonidine 0.2%) (CCP PG-K) #180g is not medically necessary.