

Case Number:	CM15-0114142		
Date Assigned:	06/22/2015	Date of Injury:	04/28/2005
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey

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:

The injured worker is a 73 year old male (per Utilization review) who sustained an industrial injury on 4/28/05. The mechanism of injury is unclear. He was experiencing tenderness on palpation of the trapezius, supraspinatus, levator scapula and at the subacromial space with acromioclavicular joint arthrosis, decreased range of motion and positive Neer's impingement and Kennedy Hawkins signs; there was tenderness on palpation over the medial and lateral epicondyle, decreased range of motion, positive Cozen's and Tinels' signs; there was tenderness on palpation at the lumbar paraspinal muscles, quadratus lumborum and lumbosacral junction, decreased range of motion, positive Tripod sign and Flip Test. Diagnoses include bilateral shoulder sprain/ strain, rule out internal derangement; status post right shoulder surgery; bilateral elbow sprain/ strain, rule out internal derangement; abdominal pain; lumbar spine sprain/ strain, rule out herniated nucleus pulposus; lumbar spine spondylosis; lumbar radiculopathy; anxiety disorder; mood disorder; stress; sleep disorder; respiratory problems. On 4/28/05 Utilization review evaluated the request for cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10%, 180 GM with date of service 3/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180 gm (retrospective DOS 3/19/15): Upheld

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

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

Decision rationale: The MTUS Guidelines state that topical analgesics, especially compounded or combination analgesic products, are considered experimental and are generally not recommended as they are without sufficient quality supportive data. Topical muscle relaxants are specifically addressed as being not recommended by the MTUS due to this exact reason as well as gabapentin, for example. In the case of this worker, the topical analgesic, cyclobenzaprine/gabapentin/amitriptyline, was recommended by his provider. However, due to the inclusion of multiple non-recommended ingredients in this combination analgesic product, the request will be considered medically unnecessary.