

Case Number:	CM15-0114917		
Date Assigned:	06/23/2015	Date of Injury:	04/18/2014
Decision Date:	08/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, California
 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 50-year-old female who sustained an industrial injury on 4/18/14. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having lumbar spine herniated nucleus pulposus and cervical spine herniated nucleus pulposus. Currently, the injured worker was with complaints of low back pain radiating down the right leg. Previous treatments included extracorporeal shockwave therapy. Previous diagnostic studies included a magnetic resonance imaging revealing lumbar disc protrusion, L5-S1 posterior annular tear and cervical posterior disc protrusion. The injured workers pain level was noted as 3/10. Physical examination was notable for lumbar spine and cervical spine tenderness to palpation and restricted lumbar range of motion. The plan of care was for compound medications to include Gabapentin/Amitriptyline/ Dextromethorphan #180 grams and Cyclobenzaprine/Flurbiprofen #180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Compound Medication: Gabapentin/Amitriptyline/ Dextromethorphan #180gm: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 anti-epileptics such as Gabapentin or antidepressants such as Amitriptyline are not recommended due to lack of evidence. The claimant had been on topical Gabapentin/Amitriptyline/Dextromethorphan for several months in combination with other topical analgesics. There is no evidence for the use of multiple topical analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.

1 Compound Medication: Cyclobenzaprine/Flurbiprofen #180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated there are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant had been on Flurbiprofen/Cyclobenzaprine for several months in combination with other topical analgesics. There is no evidence for the use of multiple topical analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.