

Case Number:	CM15-0119069		
Date Assigned:	06/29/2015	Date of Injury:	10/18/2011
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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 54 year old female, who sustained an industrial injury on 10/18/2011. On provider visit dated 05/11/2015 the injured worker has reported bilateral shoulder and bilateral knee pain. On examination of the bilateral shoulder revealed tenderness to palpation. And a restricted range of motion and bilateral knee tenderness to palpation was noted as well with a restricted range of motion. The diagnoses have included bilateral shoulder strain/sprain, bilateral shoulder tendinitis, right shoulder impingement syndrome, status post right shoulder surgery with residual, bilateral knee strain/sprain, rule out bilateral knee internal derangement, and rule out bilateral knee meniscal tear. Treatment to date has included physical therapy, medication and laboratory studies. The provider requested Amitriptyline HCL 10%/ Gabapentin 10%/ Bupivacaine HCL 5%/ Hyaluronic Acid 0.2 % cream base apply two (2) - three (3) times per day as needed- 210gm, Cyclobenzaprine (Flexeril) 5mg 1 tablet Oral two (2) times per day #60 and Urine Toxicology Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 10%/ Gabapentin 10%/ Bupivacaine HCL 5%/ Hyaluronic Acid 0.2 % cream base apply two (2) - three (3) times per day as needed, 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints, 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 Gabapentin and topical antidepressants such as Amitriptyline are not recommended due to lack of evidence. In addition the use of the topical medication was not justified. Since the compound above contains these topical medications, the Amitriptyline HCL 10%/ Gabapentin 10%/ Bupivacaine HCL 5%/ Hyaluronic Acid 0.2 % cream in question is not medically necessary.

Cyclobenzaprine (Flexeril) 5mg 1 tablet Oral two (2) times per day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over a year. Since long term use is not recommended, continued use of Flexeril is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.