

Case Number:	CM15-0119484		
Date Assigned:	06/29/2015	Date of Injury:	10/03/2013
Decision Date:	08/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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 York

Certification(s)/Specialty: Pediatrics, 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 41 year old female, who sustained an industrial injury on 10/03/2013. She reported that a door on her machine was stuck and she forced herself to open it. She reported pain in the left arm. Treatment to date has included x-rays, medications, arm sling, 16 sessions of physical therapy with no relief, steroid injections and a MRI of the left shoulder. According to a progress report dated 03/03/2015, treatment to this point had consisted of Ibuprofen, Naproxen Sodium, Aspirin and 16 sessions of physical therapy. Medication was just taken as needed as the medication irritated her stomach. According to a progress report dated 05/11/2015, the injured worker complained of sharp left shoulder pain. She had numbness, burning and weakness in her entire arm. Current pain level was rated 5-6 on a scale of 1-10. Pain radiated down from the top of her shoulder to her mid-neck and down her arm. Current medications included topical LidoPro cream and over the counter Advil with good, but temporary relief. She had not worked since 08/14/2014. Physical examination was positive for tenderness to palpation along left-sided upper, middle and lower cervical paraspinal muscles and along left-sided middle trapezial and left-sided periscapular muscles and decreased sensation to pinprick along left-sided C6 through C8 and left-sided L4 through S1 dermatomal distributions. Diagnoses included cervical radiculopathy, cervicgia and myofascial pain syndrome. The provider noted that secondary to no longer carrying LidoPro cream, she would be changed to Gabapentin cream. It was to be applied topically to the left arm up to 2-3 times daily as needed for neuropathic pain. Gabapentin cream was prescribed to decrease utilization of oral pain medications, decrease pain and improve function. Flexeril cream was prescribed and was to be applied topically to the left upper back up

to 2-3 times daily as needed for muscle spasm. Flexeril cream was prescribed to decrease utilization of oral muscle relaxants, decrease muscle spasms and improve function. Ibuprofen was to be continued as needed for inflammation/pain. An ace wrap was provided and to be applied to the left arm for extra support. She was to return in 1 month for follow-up with pain management. An authorization request dated 05/11/2015 was submitted for review. Requested services included 1 month follow up with pain management, Gabapentin 10% and Cyclobenzaprine 5%. Currently under review is the request for Gabapentin Cream 10% tube and Cyclobenzaprine Cream 5% tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Cream 10% tube: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. CA MTUS Chronic Pain Medical Treatment Guidelines state that topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. It also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there was no discussion of a failed trial of antidepressants or anticonvulsants. MTUS guidelines do not recommend topical Gabapentin. As such the request for Gabapentin Cream 10% tube is not medically necessary.

Cyclobenzaprine Cream 5% tube: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS guidelines state that Baclofen (muscle relaxant) is not recommended. Guidelines also state that there is no evidence for use of any other muscle relaxant as a topical product. In this case, there was no discussion of a failed trial of antidepressants or anticonvulsants. Topical muscle relaxants are not recommended by guidelines. As such the request for Cyclobenzaprine Cream 5% tube is not medically necessary.

