

Case Number:	CM15-0124632		
Date Assigned:	07/09/2015	Date of Injury:	06/14/2014
Decision Date:	08/12/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/29/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 6/14/2014. The mechanism of injury was not described. The current diagnoses are protrusion of C5-C6 with severe foraminal narrowing, left greater than right, thoracic myofascial pain, lumbar myofascial pain, and rule out lumbar disc injury/radiculopathy. According to the progress report dated 5/12/2015, the injured worker complains of neck pain with upper extremity symptoms and low back pain with lower extremity symptoms. Her overall pain is rated 6/10 on a subjective pain scale. The physical examination of the cervical spine reveals limited range of motion, cervical trapezial spasms, and diminished sensation over C6 dermatomal distribution, left greater than right. Examination of the lumbar spine reveals restricted range of motion, positive straight raise leg test bilaterally, diminished sensation L5 and S1 dermatomal distribution, right greater than left, and paraspinal musculature spasms. Examination of the thoracic spine reveals tenderness with limited range of motion. The medications prescribed are Duloxetine, Hydrocodone, Naproxen, Cyclobenzaprine, Pantoprazole, and Gabapentin topical compound. There is documentation of ongoing treatment with Duloxetine since at least 3/31/2015 and Cyclobenzaprine since at least 4/21/2015. Treatment to date has included medication management, x-rays, activity modification, physical therapy, stretching, heat, home exercise, MRI studies, and electrodiagnostic testing. Work status is temporarily totally disabled. A request for Duloxetine, Cyclobenzaprine, and Gabapentin topical compound has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Topical Compound 300 MG with 3 Refills: 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 rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the CA MTUS, Gabapentin is not recommended, as there is no peer-review literature to support its use. In this case, evidenced based guidelines do not support the use of Gabapentin, as there is no peer-review literature to support its use. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Gabapentin topical compound application is not medically necessary.

Retro Duloxetine 30 MG #60 Dispensed 5-18-15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non-neuropathic pain. Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia, it is used off label for neuropathic pain and radiculopathy. In this case, the submitted medical records revealed documentation of improvement in the injured workers pain and function with the use of duloxetine and the continued use is medically appropriate and necessary.

Retro Cyclobenzaprine 7.5 MG #90 Dispensed 5-18-15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Guidelines recommend Cyclobenzaprine (Flexeril) be used as an option, using a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. In this case, a review of the injured workers medical records reveal documentation of a history of refractory muscle spasm which has improved as well as functional improvement with the use of cyclobenzaprine, therefore based on the injured workers clinical response to cyclobenzaprine, the request for Retro Cyclobenzaprine 7.5 MG #90 dispensed 5-18-15 is medically necessary and appropriate.