

Case Number:	CM15-0125758		
Date Assigned:	07/10/2015	Date of Injury:	06/03/2013
Decision Date:	09/15/2015	UR Denial Date:	06/05/2015
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: 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 44 year old female, who sustained an industrial injury on June 3, 2013. She reported cumulative trauma injuries of the neck, arms, wrists, hands, fingers, elbows, shoulders, low back. The injured worker was diagnosed as having cervical spine sprain/strain; cervical disc displacement- herniated nucleus pulposus; cervical spine radiculopathy; thoracic spine sprain/strain; right shoulder internal derangement; bilateral shoulder impingement syndrome; bilateral lateral epicondylitis; bilateral wrist carpal tunnel syndrome; lumbar spine sprain/strain; lumbar disc displacement- herniated nucleus pulposus; and lumbar spine radiculopathy. Diagnostic studies to date have included: On February 2, 2015, electromyography/nerve conduction studies revealed no abnormal findings. Treatment to date has included physical therapy; acupuncture; shock wave therapy; and medications including histamine 2 antagonist; sleep; opioid analgesic with glucosamine; anti-epilepsy; muscle relaxant; and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypertension, mood disorder, and anxiety. Work status is temporarily totally disabled. On February 2, 2015, the injured worker complains of constant, moderate to severe burning radicular pain neck and muscle spasms and constant, moderate to severe burning of the bilateral shoulder pain radiating down to the arms to the fingers, bilateral elbows and wrists with muscle spasm. Associated symptoms of her bilateral elbows and bilateral wrist pain included numbness, tingling, weakness, and pain radiating to the hands and fingers. She complained of burning, radicular mid pain and muscle spasms and constant, moderate to severe burning, radicular low back pain and muscle spasms. Associated symptoms of the low back pain included of the bilateral lower extremities. Her neck, bilateral elbow,

bilateral wrist, mid back pain are rated 5/10. Her bilateral shoulder pain is rated 6/10. Her low back pain was rated 7/10. Her medications help her pain temporarily. The physical exam revealed tenderness to palpation at the occiputs and paracervical muscles more on the right side, with a trigger point on the right. There was tenderness to palpation at the trapezius, splenius, scalene, and sternocleidomastoid muscles. There were no frank spasms. The cervical range of motion was decreased. The bilateral shoulders had tenderness to palpation at the subacromial space, acromioclavicular joint, levator scapula, and rhomboid muscles, greater on the right side. There was decreased range of motion of the bilateral shoulders. There was bilateral elbow tenderness to palpation over the lateral epicondyle and decreased range of motion. There was tenderness to palpation at the carpal tunnel and the first dorsal extensor muscle compartment and decreased range of motion of the bilateral wrists. There was slightly decreased sensation over the cervical 5 through thoracic 1 dermatomes, decreased muscle strength, and normal deep tendon reflexes in the bilateral upper extremities. The thoracic spine exam revealed tenderness to palpation at the rhomboids and mid trapezius muscle, greater on the right side. There was decreased thoracic spine range of motion and within normal limits dermatomes. The lumbar spine exam revealed the ability to heel-toe walk with pain when heel walking and tenderness to palpation of the left quadratus lumborum, left trochanteric bursa, and lumbosacral junction. The lumbar range of motion was decreased. There was slightly decreased sensation at the lumbar 4 through sacral 1 dermatomes bilaterally, decreased muscle strength in the bilateral lower extremities, and normal deep tendon reflexes in the bilateral lower extremities. Requested treatments include: Cyclo/Gaba/Amit 2/15/10 % 180gm and Cyclo/Flurbi 2/25% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cyclo/Gaba/Amit (DOS: 02/25/15) 2/15/10 % 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: Cyclobenzaprine, Amitriptyline and gabapentin are not FDA approved for topical use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is not medically necessary and appropriate.

Retro: Cyclo/Flurbi (DOS: 02/25/15) 2/25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21-22, 31, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The requested medication is Cyclo/Flurbi 2/25%. This compounded topical medication contains Cyclobenzaprine 2% and Flurbiprofen 25%. Cyclobenzaprine is a muscle relaxant and Flurbiprofen is a non-steroidal anti-inflammatory medication. The California Medical Treatment Utilization Schedule (CMTUS) guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, CMTUS does not recommend any compound product that contains at least one drug (or drug class) that is not recommended. The CMTUS recommends topical non-steroidal anti-inflammatory drugs (NSAIDs) for "osteoarthritis and tendinitis in particular, that of the knee and elbow or other joints that are amenable to topical treatment". Per the ACOEM (American College of Occupational and Environmental Medicine) guidelines, topical non-steroidal anti-inflammatory drugs are recommended for lateral and medial epicondylalgia. The CMTUS does not recommend Cyclobenzaprine for topical use, as there is no peer-reviewed literature to support its use. The treating physician did not discuss the failure of standard oral medications, including antidepressants and anticonvulsants. The use of topical Flurbiprofen is appropriate as injured worker is diagnosed with bilateral lateral epicondylitis. However, the use of topical Cyclobenzaprine does not meet the guidelines recommendations. Therefore, the request for Cyclo/Flurbi 2/25% is not medically necessary.