

Case Number:	CM15-0065146		
Date Assigned:	04/13/2015	Date of Injury:	09/20/2012
Decision Date:	05/13/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on 9/20/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar myositis/myalgia, lumbar radiculopathy, lumbar sprain/strain, rotator cuff syndrome and sprain/sprain of the shoulder, ankle and foot, insomnia, anxiety and depression. Recent lumbar MRI showed lumbosacral spondylosis. Treatment to date has included physical therapy, trigger point injections, shockwave therapy and medications. In a progress note dated 2/19/2015, the injured worker complains of low back pain and left foot pain. The treating physician is requesting Cyclobenzaprine 2 Percent Gabapentin 15 Percent Amitriptyline 10 Percent and Capsaicin .025 Percent Flurbiprofen 15 Percent Gabapentin 10 Percent Menthol 2 Percent Camphor 2 Percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2 Percent Gabapentin 15 Percent Amitriptyline 10 Percent 180 Grams:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Topical analgesic Page(s): 63-66, 111-113.

Decision rationale: The patient was injured on 09/20/12 and presents with low back pain with radiation into his legs with numbness/tingling, right side greater than left side. The request is for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 grams. There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. MTUS Guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." MTUS Guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in the patients with chronic LBP." Regarding topical products, MTUS Guidelines pages 111 - 112 state that topical NSAIDs are effective for peripheral joint arthritis/tendinitis. In this case, the patient has L5-S1 radiculopathy, right side greater than left. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. Per MTUS, gabapentin is not recommended in any topical formulation either. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Therefore, the entire compounded cream is not supported. The requested topical compound cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% is not medically necessary.

Capsaicin .025 Percent Flurbiprofen 15 Percent Gabapentin 10 Percent Menthol 2 Percent Camphor 2 Percent 180 Grams: Upheld

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

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

Decision rationale: The patient was injured on 09/20/12 and presents with low back pain with radiation into his legs with numbness/tingling, right side greater than left side. The request is for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 grams. There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. MTUS has the following regarding topical creams (page 111, chronic pain section), "Topical analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. MTUS Guidelines page 111 also has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and

nonspecific low back pain. In this case, the patient has L5-S1 radiculopathy, right side greater than left. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Since Gabapentin is not supported in a topical formulation, the whole compound is not supported. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS Guidelines for flurbiprofen and capsaicin. The requested compounded medication is not medically necessary.