

Case Number:	CM15-0070988		
Date Assigned:	04/21/2015	Date of Injury:	09/26/2002
Decision Date:	05/21/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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 44-year-old male, who sustained an industrial injury on September 26, 2002. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical radiculopathy, cervical sprain/strain, thoracic sprain/strain, bilateral rotator cuff and shoulder sprain/strain, left elbow sprain/strain, and left wrist sprain/strain. Diagnostics to date has included urine drug screening. Treatment to date has included acupuncture, physical therapy, and pain, two topical compounds, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On January 23, 2015, the injured worker complains of dull and aching pain of the neck, mid back, bilateral shoulders, left elbow, and left wrist. Associated symptoms of the neck pain include headaches, radiating pain, numbness and tingling of the upper extremities, greater on the left than the right. His neck and left shoulder pain was rated 8/10 without medications and 6/10 with medications. The mid back, right shoulder, left elbow, and left wrist pain was rated 6/10 without medications. The mid back, left elbow, and left wrist pain was rated 4/10 with medications. The right shoulder pain was rated 3/10 with medications. She complains of sleep loss due to pain. The physical exam revealed tenderness and myospasm over the bilateral paracervical and bilateral trapezius muscles, and decreased range of motion in all planes due to end range pain. There was tenderness and myospasm over the bilateral parathoracic muscles from thoracic1 to thoracic 12, decreased thoracic Rom due to end range pain, and tenderness and muscle spasm of the paravertebral muscles. The bilateral shoulder exam revealed tenderness over the bilateral acromioclavicular joints, subacromial regions, and greater tubercles. There was tenderness and

myospasm over the bilateral rotator cuffs, decreased bilateral shoulder tenderness and myospasm over the bilateral paracervical and bilateral trapezius muscles, and tenderness over the bilateral anterior shoulders. The left elbow exam revealed tenderness over the medial and lateral epicondyles, slightly decreased range of motion due to pain, and tenderness over the anterior elbow. The left wrist exam revealed tenderness over the wrist, decreased range of motion due to pain, and tenderness of the dorsal wrist. The treatment plan includes pain, muscle relaxant, and anxiety medications. The provider noted the injured worker had enough creams. The requested treatments topical compound medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD: Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10%: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck pain radiating to upper extremity, middle back, shoulders, and left elbow and wrist pain. The request is for CMPD: Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10%. The request for authorization is dated 02/20/15. Mill's and Cozen's tests are positive in the left elbow. Tinel's sign and Phalen's test are positive in the left wrist. Patient complains of loss of sleep due to pain. Patient has had sessions of acupuncture and physical therapy. Patient's medications include Prilosec, Tramadol/APAP, Cyclobenzaprine, Alprazolam and Topical compound creams. Per progress report dated 01/23/15, the patient is to remain off work. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater does not specifically discuss this medication. Review of reports shows there is no documentation that patient presents with osteoarthritis, for which NSAID portion of the lotion would be indicated according to MTUS guidelines. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine and Gabapentin, which are not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.

CMPD: Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2%: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck pain radiating to upper extremity, middle back, shoulders, and left elbow and wrist pain. The request is for CMPD: Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2%. The request for authorization is dated 02/20/15. Mill's and Cozen's tests are positive in the left elbow. Tinel's sign and Phalen's test are positive in the left wrist. Patient complains of loss of sleep due to pain. Patient has had sessions of acupuncture and physical therapy. Patient's medications include Prilosec, Tramadol/APAP, Cyclobenzaprine, Alprazolam and Topical compound creams. Per progress report dated 01/23/15, the patient is to remain off work. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater does not specifically discuss this medication. However, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form. Additionally, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Therefore, the request is not medically necessary.