

Case Number:	CM15-0071279		
Date Assigned:	04/21/2015	Date of Injury:	06/01/2011
Decision Date:	05/19/2015	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: Family Practice

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 48 year old male, who sustained an industrial injury on 6/1/2011. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical myospasm, lumbar myospasm, right shoulder derangement with arthroscopy, right hand tenosynovitis and right wrist cartilage tear. There is no record of a recent diagnostic study. Treatment to date has included physiotherapy, steroid injection and medication management. In a progress note dated 9/15/2014, the injured worker complains of weakness and pain in the right hand and shoulder. The treating physician is requesting Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% and Cyclobenzaprine 2%, Flurbiprofen 25%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm, unspecified quantity:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Gabapentin Page(s): 111, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to guidelines topical analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 and is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs); Other muscle relaxants Page(s): 111-112, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to guidelines topical analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 and is not medically necessary.