

Case Number:	CM15-0074255		
Date Assigned:	04/24/2015	Date of Injury:	04/25/2014
Decision Date:	05/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 37 year old female, who sustained an industrial injury on April 25, 2014. She has reported neck pain, shoulder pain, and elbow pain. Diagnoses have included rotator cuff syndrome, shoulder sprain/strain, elbow sprain/strain, cervical spine disc protrusion, De Quervain's' tenosynovitis, right carpal tunnel syndrome, right cubital tunnel syndrome, right cervical radiculopathy, and insomnia. Treatment to date has included medications, physical therapy, acupuncture, imaging studies, and diagnostic testing. A progress note dated March 2, 2015 indicates a chief complaint of right shoulder pain and numbness, right elbow pain, and loss of sleep. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Gabapentin, Cyclobenzaprine HCL, Amitriptyline HCL: 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 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Gabapentin, cyclobenzaprine, amitriptyline, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Gabapentin, cyclobenzaprine, amitriptyline is not medically necessary.