

Case Number:	CM15-0074263		
Date Assigned:	04/24/2015	Date of Injury:	09/12/2011
Decision Date:	06/08/2015	UR Denial Date:	03/24/2015
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 an 80 year old male, who sustained an industrial injury on 9/11/11. The injured worker was diagnosed as having cervical sprain/strain, wrist sprain/strain, insomnia, rotator cuff syndrome, cervical radiculopathy, jaw pain, TMJ and shoulder sprain/strain. Treatment to date has included oral medications including opioids and topical creams. Currently, the injured worker complains of jaw pain rated 5/10 without medications and 1/10 with medications and left shoulder pain rated 3/10 without medications and 1/10 with medications. Physical exam noted tenderness on palpation of jaw area with decreased range of motion, tenderness on palpation of left shoulder area with decreased range of motion, tenderness and spasm upon palpation of cervical area with decreased range of motion and tenderness upon palpation of hand area. (MRI) magnetic resonance imaging of cervical spine was performed on 8/10/13. The treatment plan included request for compound topical creams of: Gabapentin/lidocaine/tramadol and cyclobenzaprine/gabapentin/Flurbiprofen.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on 9/11/11. The medical records provided indicate the diagnosis of cervical sprain/strain, wrist sprain/strain, insomnia, rotator cuff syndrome, cervical radiculopathy, jaw pain, TMJ and shoulder sprain/strain. Treatment to date has included oral medications including opioids and topical creams. The medical records provided for review do not indicate a medical necessity for Gabapentin 15% Amitriptyline 4% Dextromethorphan 10% 180gm. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. None of the active agents in this product is recommended. Therefore the request is not medically necessary.

Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on 9/11/11. The medical records provided indicate the diagnosis of cervical sprain/strain, wrist sprain/strain, insomnia, rotator cuff syndrome, cervical radiculopathy, jaw pain, TMJ and shoulder sprain/strain. Treatment to date has included oral medications including opioids and topical creams. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 180gm. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. None of the active agents in this product is recommended. Therefore the request is not medically necessary.