

Case Number:	CM15-0074714		
Date Assigned:	04/24/2015	Date of Injury:	01/26/2015
Decision Date:	05/26/2015	UR Denial Date:	04/08/2015
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: Arizona, 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 60 year old female who sustained an industrial injury on 01/26/2015. Current diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder pain, lumbar radiculopathy, anxiety and depression, and abdominal pain and diarrhea. Previous treatments included medication management. Previous diagnostic studies include a urine drug screen, x-rays, and an MRI of the cervical spine. Initial complaints included injuries to her back, neck, shoulders, internal system, and psyche. Report dated 03/03/2015 noted that the injured worker presented with complaints that included neck, right shoulder, left shoulder, low back/legs pain, stomach pains, nervousness, diarrhea, anxiety, depression, insomnia, and hypertension. Physical examination was positive for abnormal findings. The treatment plan included requests for medications, compound creams, physical therapy, x-rays, internal medicine consultation, functional improvement measurements, support/brace, laboratory evaluations, medical records, and psychological evaluation. Disputed treatments include Flurbiprofen 20% / Cyclobenzaprine 5% Hyaluronic Acid 0.2% cream base 240 grams and Amitriptyline 10 % Gabapentin 10% Dextromethorphan 10% Hyaluronic Acid 0.2 % cream base 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% / Cyclobenzaprine 5% Hyaluronic Acid 0.2% cream base 240 grams:
Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition, the claimant was on oral Cyclobenzaprine. Since the compound above contains these topical Cyclobenzaprine, the compound in question is not medically necessary.

Amitriptyline 10 % Gabapentin 10% Dextromethorphan 10% Hyaluronic Acid 0.2 % cream base 240 grams: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as topical Gabapentin and Amitriptyline (antidepressant) are not recommended due to lack of evidence. In addition, the claimant was on an oral antidepressant (Lexapro). Since the compound above contains topical Gabapentin and Amitriptyline, the compound in question is not medically necessary.