

Case Number:	CM15-0074763		
Date Assigned:	04/24/2015	Date of Injury:	09/26/2002
Decision Date:	05/27/2015	UR Denial Date:	04/20/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 9/26/2002. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical disc protrusion, radiculopathy, and stenosis, thoracic sprain, bilateral rotator cuff sprain/strain, left carpal tunnel syndrome, epicondylitis, anxiety and depression. Treatments to date include activity modification, medication therapy, and trigger point injections to the cervical spine. Currently, he had multiple complaints of pain including neck, thoracic spine, left elbow and wrist, bilateral shoulder pain and depression and anxiety due to pain. On 3/20/15, the physical examination documented tenderness to palpation with muscle spasms noted in thoracic and cervical spine. There was tenderness to bilateral shoulder, left elbow and left wrist with palpation. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD: Cyclobenzaprine 2 Percent, Gabapentin 15 Percent, Amitriptyline 10 Percent:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anti-convulsants. MTUS states, "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 is not recommended." Amitriptyline- MTUS and ODG do not specifically make a recommendation on topical Amitriptyline, but does cite (Lynch ME, Clark AJ, Sawynok J, Sullivan MJ Topical 2% amitriptyline and 1% ketamine in neuropathic pain syndromes: a randomized, double-blind, placebo-controlled trial. Anesthesiology. 2005; 103: 140-6) and find that "This randomized, placebo-controlled trial examining topical 2% amitriptyline, 1% ketamine, and a combination in the treatment of neuropathic pain revealed no difference between groups." Cyclobenzaprine or muscle relaxants (not recommended)- MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. Gabapentin/Pregabalin (not recommended)- MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." This compounded cream contains multiple medications that are not recommended topically. As such, the request for CMPD: Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% is not medically necessary.

CMPD: Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anti-convulsants. MTUS states, "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 is not recommended." Capsaicin (recommended after failure of 1st line)- Chronic Pain Medical Treatment Guidelines Capsaicin page(s) 28. MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the

FDA warns." Flurbiprofen (not recommended)- MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Gabapentin/Pregabalin (not recommended)- MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Menthol- ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." This compounded cream contains multiple medications that are not recommended topically. As such, the request for CPD: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 0%, Menthol 2%, Camphor is not medically necessary.