

Case Number:	CM15-0094431		
Date Assigned:	05/20/2015	Date of Injury:	12/20/2012
Decision Date:	06/24/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/18/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male patient who sustained an industrial injury on 12/20/2012. He underwent a magnetic resonance imaging study (MRI) of the right wrist on 10/17/2014 which revealed a neutral ulnar variance with subtle ulnotriquetral impaction; tear in the triangular fibrocartilage complex; fluid in the ulnotriquetral, and pisotriquetral joint spaces, and bone cysts in the capitate, hamate, scaphoid and lunate. In addition, a MRI of the right shoulder revealed the acromion flat, laterally down slopping; supraspinatus tear partial articular; infraspinatus tendinosis; long head bicep tendon anchor tear; along with horizontal and vertical tenosynovitis, and subacromial/subdeltoid and subcoracoid fluid. On 03/09/2015, 03/16/2015, the patient is found having undergone electrocorpeal shockwave therapy treatment. A primary treating office visit dated 10/08/2014 reported subjective complaint of burning, radicular neck pain with muscle spasms. The pain is described as constant, moderate to severe pain, rated an 8 in intensity out of 10. The pain is aggravated by looking up, looking down, and side-to-side as well as by repetitive motions of the head and neck. The pain is associated with numbness and tingling of the bilateral upper extremities. He also complains of sharp, stabbing, right shoulder pain radiating down the arm to the fingers associated with spasms. He is also with complaint of burning right wrist pain, sharp stabbing right thumb pain, achy mid-back pain, sharp stabbing low back pain, and muscle spasms. In addition, he is frustrated with his medical situation and is experiencing stress, anxiety, and depression secondary to chronic pain, physical limitations, and inability to work. He even is having difficulty sleeping. The patient states the symptoms persist even with the temporary relief given by medications. Objective findings showed the cervical

spine with palpable tenderness, mild spasms at the paraspinal muscles, sternocleidomastoid and scalene muscles. The right shoulder there was tenderness to palpation at the rotator cuff tendon attachment sites. There was tenderness to palpation over the supraspinatus and infraspinatus muscles. There is also tenderness to palpation at the subacromial space at the AC joint. The right wrist is with positive Tinel's, right; along with generalized tenderness at the dorsum of the ulnar aspect, over the carpal bones, and over the thenar and hypothenar eminence. There was also palpable tenderness with spasms over bilateral thoracic paraspinals and over the spinous process T2, T3, T4, and T5. Lastly, the lumbar spine is with tenderness to palpation on the sacrotuberous ligaments, and bilateral lumbar paraspinal muscle guarding. Straight leg raise noted with positive findings bilaterally. The following diagnoses are applied: rule out cervical spine radiculopathy; cervical spine strain/sprain; rule out cervical disc displacement (HNP); rule out right shoulder rotator cuff tear; contusion of the finger; rule out Mallet finger; right wrist strain/sprain; thoracic spine strain/sprain; rule out thoracic spine herniated nucleus pulposus (HNP); low back pain; lumbar spine strain/sprain; rule out lumbar disc displacement (HNP); rule out radiculitis, lower extremity; anxiety, mood and sleep disorders. The plan of care involved: continuing current medications, continue shockwave therapy sessions, pending psychologist consultation; undergo a course of physical therapy; obtain radiographic imaging of right shoulder, cervical and lumbar spine, and prescribed Terocin Patches. Current medications are: Deprizine, Dicoprofenol, Fentanyl, Synapryn, Gabapentin, Capsaicin, Flurbiprofen, Menthol, Flexeril, and Gabapentin. A more recent office visit follow up dated 02/05/2015 reported subjective complaint of neck pain, low back pain, right wrist pain, and right thumb pain. The patient uses a cane to walk secondary to bilateral legs weak with prolonged ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream: Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. 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. As such, the currently requested Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm is not medically necessary.

Topical cream: Cyclobenzaprine 2%, Flurbiprofen 15% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Cyclobenzaprine 2%, Flurbiprofen 15% 180gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Cyclobenzaprine 2%, Flurbiprofen 15% 180gm is not medically necessary.