

Case Number:	CM15-0099732		
Date Assigned:	06/02/2015	Date of Injury:	07/26/2014
Decision Date:	06/30/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Internal Medicine, 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 (IW) is a 48-year-old female who sustained an industrial injury on 07/26/2014. Diagnoses include cervical and lumbar spine herniated nucleus pulposus, cervical and lumbar radiculopathy, bilateral shoulder sprain/strain rule out internal derangement and lumbago. Treatment to date has included medications. An MRI of the cervical spine dated 4/14/15 noted disc desiccation at C2-C3 to C6-C7 with associated loss of disc height at C5-C6 and C6-C7; broad-based disc herniation with prominent central component at C3-C4 causing stenosis of the spinal canal; C4-C5 and C5-C6 broad-based disc herniation with stenosis of the spinal canal; and diffuse disc herniation at C6-C7 causing stenosis of the spinal canal. MRI of the lumbar spine on the same date revealed straightening of the lumbar lordotic curve with limited range of motion in flexion and extension positions; grade I anterior listhesis of L4 on L5 in flexion and extension; disc desiccation with decreased disc height at L5-S1; central disc herniation indenting the thecal sac at L4-L5 and L5-S1. MRIs of the bilateral shoulders on 4/14/15 showed osteoarthritis, partial thickness tears of the infraspinatus, the supraspinatus tendons, and the horizontal biceps tendon as well as labral tears and subacromial/subdeltoid bursitis; there was also a partial tear of the subscapularis tendon on the right. According to the PR2 dated 4/6/15, the IW reported burning radicular neck pain rated 6/10 associated with numbness and tingling of the bilateral upper extremities; constant moderate to severe burning bilateral shoulder pain rated 6/10; constant moderate to severe burning radicular low back pain rated 6/10 associated with numbness and tingling of the bilateral lower extremities. Pain medications were noted to provide temporary relief of pain and improve her ability to sleep. On

examination, cervical spine, lumbar spine and bilateral shoulder range of motion was reduced. There was diminished sensation over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities and over the L4, L5 and S1 dermatomes of the bilateral lower extremities, with decreased muscle strength in all extremities due to pain. A request was made for Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10%, 180 grams and Cyclobenzaprine 2%/Flurbiprofen 25%, 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/ Gabapentin 15%/ Amitriptyline 10% 180 grams: Upheld

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

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

Decision rationale: This 48 year old female has complained of cervical spine pain and lumbar spine pain since date of injury 7/26/14. She has been treated with medications. The current request is for Cyclobenzaprine 2%/ Gabapentin 15%/ Amitriptyline 10% 180 grams. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Cyclobenzaprine 2%/ Gabapentin 15%/ Amitriptyline 10% 180 grams is not indicated as medically necessary.

Cyclobenzaprine 2%/ Flurbiprofen 25% 180 grams: Upheld

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

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

Decision rationale: This 48 year old female has complained of cervical spine pain and lumbar spine pain since date of injury 7/26/14. She has been treated with medications. The current request is for Cyclobenzaprine 2%/ Flurbiprofen 25% 180 grams. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Cyclobenzaprine 2%/ Flurbiprofen 25% 180 grams is not indicated as medically necessary.

