

Case Number:	CM13-0019249		
Date Assigned:	10/11/2013	Date of Injury:	12/08/2010
Decision Date:	01/16/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 46 year old female who sustained an injury on 8/10/11. The mechanism of injury was not specified in the records provided. Current diagnoses include other ill-defined conditions. Per doctor's notes dated 12/26/2012, the patient complained of pain in the wrist and pain in the low back. The physical examination revealed intact sensory and full ROM bilaterally of the hand, wrist, forearm and elbow. Tinel's and Phalen's tests were positive on the left elbow. The medications as per 12/26/12 include Motrin and Norco. An MRI of the neck and shoulder and an EMG of the upper extremities were performed. Details of imaging studies were not specified in the records provided. The patient has completed an unspecified number acupuncture sessions, physical therapy sessions and chiropractic sessions. At issue is whether retrospective request for prescription flur/cycl/tram/gaba/ment/camp/caps (duration and frequency unknown) for DOS 5/31/2013 was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for prescription flur /cycl /tram /gaba /ment /camp /caps (duration and frequency unknown) for DOS 5/31/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The Physician Reviewer's decision rationale: According to CA-MTUS (Effective July 18, 2009), the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{\pm}$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{\beta}$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines, Gabapentin is not recommended for topical use, since there is no peer-reviewed literature to support use. Therefore the retrospective request for prescription flur/cycl/tram/gaba/ment/camp/caps (duration and frequency unknown) for DOS 5/31/2013 was not medically necessary.