

Case Number:	CM13-0025214		
Date Assigned:	11/20/2013	Date of Injury:	10/01/2002
Decision Date:	01/27/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee 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:

The patient is a 63-year-old male with complaints of persistent pain to his bilateral upper extremities and back. Date of injury was February 18, 1999. Diagnoses included lumbar strain/sprain, cervical strain/sprain, right shoulder strain/sprain, and carpal tunnel syndrome. Treatments had included injections, right carpal tunnel surgery, and medications. Claims for Gabapentin/Ketoprofen/Lidocaine 6%/20%/6.15% cream #240 and Amitramadol-DM ultracream were submitted on August 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Ketoprofen/Lidocaine 6%/20%/6.15% cream #240ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Topical compounded medications.

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

Decision rationale: Gabapentin/Ketoprofen/Lidocaine is a topical compound. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. There is not documentation that this patient has been treated with either of those class of

medications. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ketoprofen is a topical non-steroidal anti-inflammatory drug. Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. Adverse effects for GI toxicity and renal function have been reported. It has not been evaluated for treatment of the spine, hip, or shoulder. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Lidocaine is recommended for localized peripheral pain after the evidence of trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. This patient does not have post-herpetic neuralgia. The patient does not have post-herpetic neuralgia or osteoarthritis. In this case the patient received multidrug compound for medication. Per Chronic Pain Medical Treatment Guidelines, only one medication should be given at a time and a trial should be given for each individual medication. The treatment in this case is not consistent with the recommendation for only one medication should be given at a time. The medication is not recommended.

Amitramadol-DM Ultracream 4%/20%/10% #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 76-96.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. In this case the medication was prescribed as a topical medication. There is no comment on topical tramadol in the Chronic Pain Guidelines or in ODG. Criteria has not been met.