

Case Number:	CM13-0026922		
Date Assigned:	12/18/2013	Date of Injury:	01/14/2011
Decision Date:	01/28/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/20/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 30-year-old male who reported an injury on 01/14/2011. The patient reportedly injured his left wrist and has also been treated for other joints. He was noted as having been seen on 05/07/2013 for complaints of bilateral shoulder and hand problems. He was diagnosed with olecranon bursitis, carpal tunnel syndrome, and sprains. At that time, he was given Norco and Soma as a part of his treatment plan. He continued to have complaints of discomfort and sleep disorders, as well as shoulder tenderness. He was seen again in 06/2013 with similar findings. The request is for retrospective tramadol/Gabapentin/Cyclobenzaprine/flurbiprofen; date of service on the face sheet is 08/05/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

for retrospective Tramadol /Gabapentin /Cyclobenzaprine /Flurbiprofen DOS: 8/5/2012:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 143.

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

Decision rationale: Under California MTUS Guidelines, it states that many agents are compounded as monotherapy or a combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The combination of medications used in this topical as requested by the physician is not recommended for use due to the ingredients containing at least one of the medications listed above. Furthermore, there is no documentation with the date 08/05/2012 notated on any of the information provided for review; however there is reference to 08/05/2013. As such, the requested service for the compounded topical medication is not warranted under the California MTUS Guidelines and is non-certified. .