

Case Number:	CM13-0041110		
Date Assigned:	12/20/2013	Date of Injury:	08/01/2009
Decision Date:	03/05/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/10/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 08/01/2009 due to an assault during an attempted robbery. The patient sustained injury to his neck, low back and head. The patient's chronic pain was managed with medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation revealed cervical spine tenderness and muscle spasming and right shoulder tenderness with limited range of motion as well as tenderness and muscle spasming at the T1-3 levels. The patient's medication schedule included ibuprofen 600 mg, Protonix and Norco. The patient's diagnoses included posttraumatic stress disorder, concussion syndrome and posttraumatic headaches. The patient's treatment plan included the continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trama 10%/Gaba 10%/Medrox Oitment 25% Verso Pro Cream #180 compound medication: 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 Chronic Pain Medical Treatment Guidelines Topical Analgesics. Page(s): 111. Decision based on Non-

MTUS Citation Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms,2009 - Elsevier.

Decision rationale: The requested VersaPro cream with Tramadol 10%, Gabapentin 10% and Medrox ointment 25% is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of gabapentin as a topical agent as there is a lack of scientific evidence to support the efficacy of this type of medication. Additionally, the California Medical Treatment Utilization Schedule does not support the use of a Medrox ointment, as it contains methyl salicylate, menthol and capsaicin. The California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol for the use in osteoarthritic pain; however, the clinical documentation submitted for review does not provide any evidence that the patient's pain is related to an osteoarthritic condition. Additionally, the California Medical Treatment Utilization Schedule does not recommend the use of capsaicin as a topical agent unless the patient has failed to respond to other types of treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to other types of treatment. Additionally, peer-reviewed literature does not recommend the use of tramadol as a topical analgesic as there is very little scientific evidence to establish safety and efficacy for that type of formulation for an opioid medication. As such, the requested Tramadol 10% / Gabapentin 10% / Medrox ointment 25% VersaPro cream #180 compound medication is not medically necessary or appropriate.

Medrox Patch #30: 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 Chronic Pain Medical Treatment Guidelines Topical Analgesics. Page(s): 111.

Decision rationale: The requested Medrox patch #30 is not medically necessary or appropriate. The requested medication contains capsaicin, methyl salicylate and menthol. The California Medical Treatment Utilization Schedule does support the use of methyl salicylate and menthol in the use of pain control related to osteoarthritis. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to an osteoarthritic condition. Additionally, the California Medical Treatment Utilization Schedule does not recommend the use of capsaicin as a topical analgesic unless the patient has failed to respond to all other types of first-line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to other types of treatment. As such, the requested Medrox patch #30 is not medically necessary or appropriate.