

Case Number:	CM13-0057133		
Date Assigned:	12/30/2013	Date of Injury:	12/04/2010
Decision Date:	04/10/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 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/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 57-year-old male who reported an injury on December 04, 2010. The patient's medication history included topical analgesic creams since 2012 as well as Omeprazole, NSAIDs, and opiates. The mechanism of injury was when the patient was standing on top of a commercial trailer, approximately 9 feet above the ground when the patient lost his balance and fell on cement ground. Documentation dated October 03, 2013 revealed that the patient was in the office for a maximum medical improvement report. The documentation indicated that the patient was not presently taking medications. The patient's diagnoses included cervical spine sprain/strain and displacement of lumbar intervertebral disc without myelopathy. The physician opined that the patient's future medical care should include a potential pain management evaluation and possible injection therapy as well as oral medications and nonsteroidals including naproxen and tramadol as needed and additionally, transdermal creams. It was also indicated that the patient should have a TENS unit for pain management at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

A HOME EXERCISE KIT FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 174, Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Exercise kits

Decision rationale: The Official Disability Guidelines indicate that home exercise kits are recommended as an option. There is a lack of documentation indicating the reason for requesting a home exercise kit and a lack of documentation indicating the components of the home exercise kit. Given the above, the request for home exercise kit for the cervical spine is not medically necessary.

PANTOPRAZOLE 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the patient was not taking medications. It failed to indicate the patient had signs and symptoms of dyspepsia. Given the above, the request for Pantoprazole 20 mg #60 is not medically necessary.

THE TOPICAL COMPOUND MIXTURE CONTAINING GABAPENTIN, AMITRIPTYLINE AND DEXTROMETHORPHAN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Gabapentin Page(s): 113. Decision based on Non-MTUS Citation Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40; and FDA.gov

Decision rationale: The California MTUS guidelines indicate that analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A thorough search of FDA.gov did not indicate there was a formulation of topical dextromethorphan that had been FDA approved. Gabapentin is not recommended and there is no peer-reviewed literature to support use. The clinical documentation submitted for review indicated that the patient was not taking medications. The clinical documentation submitted for review failed to indicate a necessity for two (2) topical creams with gabapentin. There was a lack of documentation indicating that the patient had neuropathic pain and had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating the quantity of medication being requested.

Additionally, gabapentin is not recommended nor is amitriptyline or Dextromethorphan. Given the above, the request for compounded drug gabapentin/amitriptyline/dextromethorphan is not medically necessary.

THE TOPICAL COMPOUNDED MIXTURE CONTAINING GABAPENTIN, TRAMADOL AND LIDOCAINE: 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, Lidocaine, Tramadol Page(s): 111, 112, 82. Decision based on Non-MTUS Citation FDA.gov

Decision rationale: California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended and there is no peer-reviewed literature to support use. There is no evidence for use of any other anti-epilepsy drug as a topical product. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The clinical documentation submitted for review indicated that the patient was not taking medications. The clinical documentation submitted for review failed to indicate a necessity for two (2) topical creams with the same medication of gabapentin. There was a lack of documentation indicating the patient had neuropathic pain and that the patient had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for compounded drug gabapentin/tramadol/lidocaine is not medically necessary.