

Case Number:	CM13-0058411		
Date Assigned:	12/30/2013	Date of Injury:	01/18/2013
Decision Date:	04/03/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/26/2013

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and pelvic pain reportedly associated with an industrial injury of January 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; muscle relaxant; functional capacity testing; and extensive periods of time off of work, on total temporary disability. In a utilization review report of November 4, 2013, the claims administrator denied a request for several topical compounds. The applicant's attorney subsequently appealed. A clinical progress note of November 25, 2013 is notable for ongoing complaints of neck, shoulder, hip, and low back pain with associated tenderness appreciated on exam. The applicant is asked to obtain a shockwave therapy, manipulative therapy, psychological consultation, echocardiogram, a pain management consultation, and multiple topical compounds while remaining off of work, on total temporary disability. It is seemingly stated that the applicant is using oral Elavil and tramadol, although this is quite difficult to follow owing to the handwritten nature of the progress report. On October 21, 2013, the applicant was again placed off of work, on total temporary disability, and issued with prescriptions for Flexeril, tramadol, Naprosyn, Protonix, and multiple topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Tramadol 20% in Mediderm Base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines Pain Chapter. Page(s): 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 3, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's usage of several first line oral pharmaceuticals, including Flexeril, tramadol, Naprosyn, etc., effectively obviates the need for the topical compound in question, which is, per page 111 of the MTUS Chronic Pain Guidelines "largely experimental." It is further noted the applicant has used the topical agent in question for a period of at least two months. The applicant has failed to affect any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various medications, compounds, extracorporeal shockwave therapy, etc. All of the above, taken together, imply a lack of functional improvement. Therefore, the request is not medically necessary and appropriate

Gabapentin 10%/Tramadol 20%/Lidocaine 5% in Mediderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Guidelines, Gabapentin is specifically "not recommended" for topical compound formulation purposes. The unfavorable recommendation on the Gabapentin component results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Guidelines. Accordingly, the request is not medically necessary and appropriate.