MAXIMUS Federal Services

Case Number:	CM13-0066912		
Date Assigned:	01/03/2014	Date of Injury:	12/16/2010
Decision Date:	05/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 injured worker is a 60-year-old female who reported an injury on 12/16/2010. The injury reportedly occurred when she was struck from behind by a resident at work and sustained a right hip fracture and persistent pain. She is diagnosed with status post right total hip replacement, lumbosacral spine sprain/strain, herniated nucleus pulposus at L4-5, mild left hip degenerative Final Determination Letter for IMR Case Number CM13-0066912 3 arthritis, and gastritis. A request for authorization dated 11/20/2013 was submitted for 30 grams Flurbiprofen 20%/tramadol 20% in Medi-Derm base and 30 grams gabapentin 10%/dextromethorphan 10%/amitriptyline 10% in Medi-Derm base. Progress report dated 11/20/2013 indicated that the injured worker's medications included ibuprofen 800 mg daily as needed, Flexeril 7.5 mg twice a day, omeprazole 20 mg twice a day, and the requested topical analgesics. Her symptoms were noted to include lumbar spine pain which is noted to be controlled with ibuprofen which she is not using every day. It was also noted that creams were helpful with no side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-GRAMS OF FLURBIPROFEN (20%) TRAMADOL (20%) IN MEDIDERM BASE, 72-HOUR SUPPLY,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: According to California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrated efficacy and safety and are primarily used in the treatment of neuropathic pain after trials of anticonvulsants and antidepressants. In addition, guidelines state that topical compounded products that contain at least 1 drug that is not recommended are not recommended. In regard to the request for topical Flurbiprofen, the guidelines state that topical NSAIDs may be useful for the treatment of osteoarthritis and tendonitis of the knee, elbow, or other joints that are amenable to topical treatment. However, they are only recommended for short-term use from 4 to 12 weeks and there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. As the clinical information submitted for review indicates that the injured worker is being treated for her lumbar spine pain with topical analgesics and guidelines do not support topical NSAIDs in the treatment of osteoarthritis of the spine, the request is not supported. In addition, as the clinical information submitted indicates that the injured worker's lumbar spine pain is controlled with oral ibuprofen, it is unclear why she also requires topical Flurbiprofen. As use of topical Flurbiprofen is not supported for the injured worker's condition at this time and the requested topical compound contains Flurbiprofen, the requested topical compound is also not supported. As such, the request is non-certified.

30-GRAMS OF GABAPENTIN (10%) DEXTROMETHORPHAN (10%) AMITRIPTYLINE (10%) IN MEDIDERM BASE, 72-HOUR SUPPLY,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: According to California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrated efficacy and safety and are primarily used in the treatment of neuropathic pain after trials of anticonvulsants and antidepressants. In addition, guidelines state that topical compounded products that contain at least 1 drug that is not recommended are not recommended. In regard to topical gabapentin, guidelines indicate that it is not recommended as there is no peer-reviewed literature to support topical use. As the requested topical compounded product is noted to contain gabapentin which is not recommended, the requested topical compound is also not supported. As such, the request is non-certified.