

Case Number:	CM13-0071880		
Date Assigned:	05/14/2014	Date of Injury:	07/27/2012
Decision Date:	07/10/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Rehabilitation, 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 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 33-year-old who reported an injury on July 27, 2012. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, shockwave therapy, medications, epidural steroid injections, and facet joint rhizotomies. The injured worker's most recent clinical evaluation dated October 7, 2013 documented that the injured worker had constant low back pain that radiated into the bilateral lower extremities described as an 8/10. It was documented that the injured worker's medication schedule included naproxen for pain and inflammation, omeprazole for gastritis, topical ointments for pain, and Lyrica. Physical findings included tenderness to palpation at the L4-5 level, tenderness and muscle guarding and a positive straight leg raising test at 60 degrees. The injured worker had limited range of motion of the lumbar spine secondary to pain. The injured worker's diagnoses included displacement of lumbar intervertebral disc without myelopathy, myalgia, lumbago, and lumbar disc herniation at L4-5. The injured worker's treatment plan included continued use of medications and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND DICLOFENAC SODIUM POWDER/PCCA LIPODERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUNDED TOPICAL PRODUCTS.

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

Decision rationale: The requested compound diclofenac sodium powder/PCCA Lipoderm is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of topical nonsteroidal anti-inflammatory drugs unless there is documentation that the injured worker is unable to tolerate oral formulations of nonsteroidal anti-inflammatory drugs. The clinical documentation submitted for review does not clearly identify that the injured worker is unable to take oral formulations of this medication. Additionally, California Medical Treatment Utilization Schedule does not support the use of nonsteroidal anti-inflammatory topical medications in the management of spinal pain. The clinical documentation submitted for review does indicate that the injured worker's main pain generator is the lumbar spine. Furthermore, the request as it is submitted does not clearly identify a dosage, duration of treatment, or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. The request for compound diclofenac sodium powder/pcca lipoderm is not medically necessary or appropriate.

RETROSPECTIVE DOS:: 3/8/13 COMPOUND AMTRIPTYLINE HCL POWDER/DEXTROMETHORPHAN POWDER 20% CREAM/TRAMADOL HCL POWDER/PCCA LIPODERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUNDED TOPICAL PRODUCTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 - ElsevierSkolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40.Wu, H. L., & Shi, G. Y. (2011). U.S. Patent No. 7,939,567. Washington, DC: U.S. Patent and Trademark Office.

Decision rationale: There was no clinical documentation from the requested date of service submitted for review to support the appropriateness of the request. The California Medical Treatment Utilization Schedule does not address the use of amitriptyline, dextromethorphan or tramadol as topical analgesics. Peer reviewed literature does support the use of dextromethorphan for neuropathic pain. However, in the absence of clinical documentation to support the need for this medication would not be indicated. Additionally, peer reviewed literature does not support the use of antidepressants or opioids for topical analgesics as there is little scientific evidence to support the efficacy and safety of these medications. The retrospective request for compound amitriptyline hcl powder/dextromethorphan powder 20% cream/tramadol HCL powder/pcca lipoderm, provided on march 8, 2013, is not medically necessary or appropriate.