

Case Number:	CM14-0003797		
Date Assigned:	02/03/2014	Date of Injury:	01/26/2012
Decision Date:	06/20/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	01/10/2014

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 Minnesota. 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 30-year-old female who reported an injury 01/26/2012 when a filing cabinet fell on her elbow and shoulder. The injured worker was evaluated on 03/19/2013. Physical findings included restricted range of motion of the lumbar spine secondary to pain with complaints of pain rated at 9/10. Evaluation of the right wrist documented decreased grip strength and loss of sensation. It was noted that the injured worker had a ganglion cyst in her right wrist. The injured worker's diagnoses included lumbar spine myospasm, lumbar spine radiculitis/neuritis, and sciatic neuritis. The injured worker's treatment plan included medication usage. The injured worker's medications were listed as ibuprofen 600 mg, omeprazole 20 mg, and a topical compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST TRAMADOL/GABAPENTIN/CYCLOBENZAPRINE (DURATION AND FREQUENCY UNKNOWN) FOR THE LEFT ELBOW CONTUSION AND LEFT SHOULDER CONTUSION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL COMPOUNDING MEDICATIONS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain 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 retrospective review of tramadol/gabapentin/cyclobenzaprine (duration and frequency unknown) for the left elbow contusion and left shoulder contusion is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of gabapentin or cyclobenzaprine as topical analgesics as there is little scientific evidence to support the efficacy and safety of these medications in a topical formulation. The clinical documentation fails to provide any evidence that the injured worker is unable to take oral formulations of these medications. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address opioids in topical formulations. Peer reviewed literature does not support the use of opioids as topical analgesics as there is little scientific data to support the efficacy and safety of these medications. California Medical Treatment Utilization Schedule does not support the use of any compounded medication that contains at least 1 drug or drug class that is not recommended. Additionally, the request as it is submitted does not provide a duration or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested retrospective review of tramadol/ gabapentin/ cyclobenzaprine (duration and frequency unknown) for the left elbow contusion and left shoulder contusion is not medically necessary or appropriate.