

Case Number:	CM14-0004808		
Date Assigned:	01/24/2014	Date of Injury:	11/09/2012
Decision Date:	07/03/2014	UR Denial Date:	12/27/2013
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 Internal 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 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 52-year-old female who reported an injury on 11/09/2012 due to a slip and fall. The injured worker reportedly sustained an injury to her left hip, right shoulder, right elbow, and right hand. The injured worker's treatment history included physical therapy, chiropractic care, a TENS unit and multiple medications. A request was made for topical analgesics to include gabapentin 10%, amitriptyline 10%, dextromethorphan 10% and a Mediderm base; flurbiprofen 20%, tramadol 20% in a Mediderm base.; and gabapentin 10%, tramadol 20% and lidocaine 5% in a mediderm base on 10/01/2013. The injured worker was evaluated on 11/05/2013. It was documented that the injured worker had spine pain that improved with the use of topical analgesics. Physical findings included a positive Jobe's and drop arm test of the right shoulder. The injured worker's diagnoses included right shoulder rotator cuff tear and lumbosacral spine degenerative disc disease. The injured worker's treatment plan included continued use of topical analgesics, and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10%, AMITRIPTYLINE 10%, DEXAMETHORPHAN 10% IN MEDIDERM BASE, 240GM: 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 Page(s): 111.

Decision rationale: The requested gabapentin, amitriptyline, dextromethorphan, of 10% in a Mediderm base 240 grams is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of gabapentin as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the use of antidepressants or antihistamines as topical analgesics. Peer reviewed literature does support the use of dextromethorphan in a topical formulation for treatment with neuropathic pain; however, the clinical documentation fails to provide any evidence that the patient has significant neuropathic pain. Additionally, there are no quantitative measures to support deficits that would require medication management. Therefore the use of dextromethorphan is not supported. Peer reviewed literature does not recommend the use of topical antidepressants as there is little scientific evidence to support the efficacy and safety of this type of medication. There is no documentation that the patient has failed to respond to oral formulations of this medication and would require a topical formulation. California Medical Treatment Utilization Schedule does not recommend the use of any medication that contains at least one drug or drug class that is not supported by guideline recommendations. As such, the requested gabapentin 10%, amitriptyline 10% and dextromethorphan in a Mediderm base 240 grams is not medically necessary or appropriate.

FLURBIPROFEN 20%, TRAMADOL 20% IN MEDIDERM BASE, 240GM: 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 Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested flurbiprofen 20%, tramadol 20%, in a Mediderm base 240 grams is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of flurbiprofen as a topical analgesic when the patient has failed to respond to oral formulations of non-steroidal anti-inflammatory drugs or when oral formulations are contraindicated for the patient. The clinical documentation submitted for review does not clearly identify that the patient has failed to respond to oral analgesics or is unable to take oral formulations of non-steroidal anti-inflammatory drugs. Additionally, the request as it is submitted does not clearly identify a body part. The clinical documentation does support that the lumbar spine is a pain generator for this injured worker. California Medical Treatment Utilization Schedule does not recommend the use of non-steroidal anti-inflammatory drugs in a topical formulation as a pain reliever for the spine. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address opioids as topical analgesics. Peer reviewed literature does not support the use of opioids in a topical formulation as there is little scientific evidence to support the efficacy and safety of this type of medication. California Medical Treatment Utilization Schedule does not support the use of any medication that contains at least one drug or drug class that is not supported by guideline recommendations. As such, the

requested flurbiprofen, tramadol 20% in a mediderm base 240 grams is not medically necessary or appropriate.

GABAPENTIN 10%, TRAMADOL 20%, LIDOCAINE 5% IN MEDIDERM BASE, 240GM: 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, page(s) 111 Page(s): 111.

Decision rationale: The requested gabapentin 10%, tramadol 20%, and lidocaine 5% in a Mediderm base 240 grams is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of gabapentin as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this type of medication. California Medical Treatment Utilization Schedule does not recommend the use of lidocaine in a cream or gel formulation as it is not FDA approved to treat neuropathic pain as a topical analgesic. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the use of opioids in a topical formulation. Peer reviewed literature does not support the use of topical opioids as there is little scientific evidence to support the efficacy and safety of the use of this type of medication. California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested gabapentin 10%, tramadol 20%, and lidocaine 5% in a Mediderm base 240 gm membership is not medically necessary or appropriate.