

Case Number:	CM14-0005121		
Date Assigned:	01/24/2014	Date of Injury:	09/09/2011
Decision Date:	06/09/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/14/2014

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 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 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 patient is an employe of [REDACTED] and has submitted a claim for lumbar muscle spasm and sprain/strain of the left knee and lumbar spine associated with an industrial injury date of September 9, 2011. Treatment to date has included NSAIDs (non-steroidal anti-inflammatory drugs), opioids, muscle relaxants, topical analgesics, knee bracing, activity modification, home exercises, TENS (transcutaneous electrical nerve stimulation), physical therapy, acupuncture, lumbar epidural steroid injection, and surgery (July 17, 2013). Medical records from 2013 were reviewed. Patient complained of constant severe low back and left knee pain aggravated by normal movements. Physical examination showed severely spastic and tender lumbar paravertebral muscles, antalgic gait, and tenderness of the left anterior knee. Utilization review from December 30, 2013 denied the requests for Flurbiprofen 20%/Tramadol 20% and Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10%. However, the reasons for denial were not indicated in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20% TRAMADOL 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. Compounded Flurbiprofen and NSAIDs (non-steroidal anti-inflammatory drugs) in general do not show consistent efficacy and are not FDA approved. Tramadol is indicated for moderate to severe pain. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of NSAIDs and opioids in topical compound formulations. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has been using Flurbiprofen 20% Tramadol 20% along with another topical analgesic since December 2013. Progress notes from December 18, 2013 reported that oral NSAIDs, opioids, and analgesic creams are very helpful for performing ADLs with no noted side effects. However, improvement of symptoms noted cannot be clearly attributed to this medication because the patient is prescribed with multiple topical analgesics, oral NSAIDs, and oral opioids. Furthermore, there are no reports of failure of oral medications warranting use of topical analgesics. There is no support for the topical use of Flurbiprofen and Tramadol. Duration and frequency of treatment using Flurbiprofen 20% Tramadol 20% was not indicated. No reevaluation of the patient was done since December 2013. The request for compound cream flurbiprofen 20%/tramadol is not medically necessary or appropriate.

GABAPENTIN 10% AMITRIPTYLLINE 10% DEXAMETHORPHAN 10% 99070:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for use as a topical analgesic. Dextromethorphan is not addressed in the guidelines. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Patient has been on this medication since December 2013 along with another topical analgesic. Progress notes from December 18, 2013 reported that oral NSAIDs, opioids, and analgesic creams are very helpful for performing ADLs (activities of daily living) with no noted side effects. However, improvement of symptoms noted cannot be clearly attributed to this medication because the patient is prescribed with multiple topical analgesics, oral NSAIDs, and oral opioids. Furthermore, there are no reports of failure of oral medications. Duration and frequency of treatment using this medication was not indicated. No reevaluation of the patient was done since December 2013. There is no documentation regarding the necessity of topical preparation in this patient. In addition, certain components of this compound are not

recommended for topical use. The request for compound cream gabapentin 10%/amitriptylline 10%/dexamethorphan 10% is not medically necessary or appropriate.