

Case Number:	CM14-0006909		
Date Assigned:	02/07/2014	Date of Injury:	03/05/2007
Decision Date:	07/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/17/2014

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 a 46-year-old male who has filed a claim for reflex sympathetic dystrophy of the upper extremity associated with an industrial injury date of March 05, 2007. Review of progress notes indicates right upper extremity pain, and low back pain radiating to the right leg. Findings include decreased grip strength and hypersensitivity to pin prick of the right hand, and decreased reflexes of bilateral upper extremities. Electrodiagnostic study of the right upper extremity dated June 01, 2013 was normal. The treatment to date has included antidepressants, opioids, Lidoderm patch, topical creams, cervical epidural steroid injection, right shoulder surgery, and two ulnar transposition/decompression surgeries. A utilization review from January 10, 2014 denied the retrospective request for special service with date of service of 08/30/2013, referring to the compounded topical medications flurbiprofen/lidocaine/amitriptyline, gabapentin/cyclobenzaprine/tramadol, as these medications are not recommended, and there is no documentation of trial and failure of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen/Lidocaine/Amitriptyline (duration and frequency unknown) dispensed on 8/30/2013: Upheld

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

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

Decision rationale: As noted in the CA MTUS guidelines, there is little to no research as for the use of flurbiprofen in compounded products. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, there is no discussion concerning the need for multiple topical medications. In addition, certain components of this compound are not recommended for topical use. The MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the retrospective request for Flurbiprofen/Lidocaine/Amitriptyline (duration and frequency unknown) dispensed on 8/30/2013 is not medically necessary.

Retrospective request for Gabapentin/Cyclobenzaprine/Tramadol (duration and frequency unknown) dispensed 8/30/13: Upheld

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

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

Decision rationale: As stated in the California MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. Gabapentin is not recommended for use as a topical analgesic. The topical formulation of tramadol does not show consistent efficacy. In this case, there is no discussion concerning the need for multiple topical medications. In addition, certain components of this compound are not recommended for topical use. The MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the retrospective request for Gabapentin/Cyclobenzaprine/Tramadol (duration and frequency unknown) dispensed 8/30/13 is not medically necessary.