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| Case Number: | CM14-0100085 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 02/18/2013 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 57 year-old male with an injury date of 02/18/2013. Per the 05/01/2014 progress report by Dr. [REDACTED], the patient presents with continued neck pain with spasms. Per the 02/26/2014 report by Dr. [REDACTED], the patient experiences nausea and vomiting over the previous 10 days and he believes the medications (not stated) were a factor. Per the 04/02/2014 report nausea had subsided with new medications. The patient's diagnoses include cervical radiculopathy, chronic pain syndrome, and pain in the neck. The 04/02/2014 report by Dr. [REDACTED] lists new medications as Gabapentin, Tramadol, and Orphenadrine. A review of the reports found no current medication lists. The utilization review being challenged is dated 06/18/2014. Treatment reports from 11/18/2013 to 05/16/2014 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Dispensed on 05/06/2014 (Duration and Frequency Unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-steroidal anti-inflammatory drugs (NSAIDs), Topical Analgesics.

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

Decision rationale: The patient presents with neck pain and spasms with pain radiating to the jaw. The physician requests for retrospective Flurbiprofen (an NSAID) 20% 150 gram cream dispensed 05/06/2014. Duration and frequency are unknown. The MTUS page 111 of the chronic pain section states the following regarding topical creams; "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." The physician does not provide any discussion regarding the efficacy and use of this topical product. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis and there is no diagnosis of this. Furthermore there is no documentation of duration and frequency for the medication. Therefore, this request is considered not medically necessary.

Gabapentin Dispensed on 05/06/2014 (Duration and Frequency Unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127-128, Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111; 28-29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics (<http://www.odgtwc.com/odgtwc/pain.htm#TreatmentProtocols>).

Decision rationale: The patient presents with neck pain and spasms with pain radiating to the jaw. The physician requests for retrospective Gabapentin 10% 120 gram cream dispensed 05/06/2014. Duration and frequency are unknown. The MTUS page 111 of the chronic pain section states the following regarding topical creams: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." MTUS specifically states that Gabapentin is not recommended under topical cream section. Therefore, this request is considered not medically necessary.

Cyclobenzaprine Dispensed on 05/06/2014 (Duration and Frequency Unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics.

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

Decision rationale: The patient presents with neck pain and spasms with pain radiating to the jaw. The physician is requesting for retrospective Cyclobenzaprine 10% 120 g cream dispensed 05/06/2014 for an unknown duration and frequency. The MTUS page 111 states that if one of the components of a compounded product is not indicated then the entire compounded product is not. In this case, cyclobenzaprine is not supported for topical formulation. Furthermore, duration and frequency of the use of the medication is not documented. Therefore, this request is considered not medically necessary.

Tramadol Dispensed on 05/06/2014 (Duration and Frequency Unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids:Tramadol (Ultram), Topical Analgesics.

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

Decision rationale: The patient presents with neck pain and spasms with pain radiating to the jaw. The physician is requesting for retrospective Tramadol 20% 105 g cream dispensed 05/06/14. The frequency and duration of use of the medication is not documented. The MTUS page 111 states that if one of the components of a compounded product is not indicated then the entire compounded product is not. In this case, tramadol is not supported for topical formulation. In addition, the frequency and duration of use of the medication is not documented. Therefore, this request is considered not medically necessary.