

Case Number:	CM14-0103972		
Date Assigned:	07/30/2014	Date of Injury:	09/20/2013
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 31 year old female injured on 09/20/13 due to being physically attacked by a patient resulting in injury to right upper extremity and neck with subsequent depression. Diagnoses included right upper extremity neuropathy, right forearm pain status post bite to the right forearm, depression, rule out chronic regional pain syndrome (CRPS), gastritis, and common extensor tendinosis consistent with lateral epicondylitis. Clinical note dated 05/13/14 indicated the injured worker presented complaining of intermittent right forearm pain rated 5/10 on the visual analog scale radiating into the right upper extremity and upper back. The injured worker reported pain increased with repetitive work and grasping with sensitivity to heat and cold. The injured worker also reported worsening weakness in the right upper extremity. The injured worker reported pain was somewhat controlled with medications and antacid helped decrease stomach pain. Complaints of consistent anxiety without insomnia or depression were indicated. Physical examination revealed tenderness to palpation of the extensor muscles in the right lateral epicondyle and cubital fossa of the right elbow/forearm and positive cubital Tinel's. List of medications was not provided for review. Treatment plan included EMG/NCV of bilateral upper extremities, orthopedic consultation, functional restoration program, acupuncture two times a week times six weeks, and continuation of oral medications and transdermal compounds. The initial request for cyclobenzaprine 2%, flurbiprofen 20% times 240g, and amitriptyline 4%, dextromethorphan 10%, tramadol 20% times 240g was non-certified on 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 20% X 240gm.: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Both components of this compound have yet to be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore compounded cream Cyclobenzaprine 2%, Flurbiprofen 20% X 240gm cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20% X 240gm: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Both components of this compound have yet to be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Compounded cream Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20% X 240gm cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.