

Case Number:	CM14-0106527		
Date Assigned:	07/30/2014	Date of Injury:	05/07/2007
Decision Date:	09/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury on 05/07/2007 due to cumulative trauma. On 03/10/2014, the injured worker presented with complaints of constant right wrist and hand pain with numbness and tingling. Upon examination, the right wrist range of motion was normal with a positive Phalen's and right upper extremity sensation was decreased at the C7-8 dermatome. The diagnoses were status post right wrist/hand surgery 12/2012. Current medications included Ambien, Norco, Soma, Terocin patches, and topical analgesics. The provider recommended topical analgesics and a medication consultation for treatment of inflammatory and pain. The Request for Authorization form was not included in the medical documents for 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% in Mediderm base 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs.

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

Decision rationale: The request for Flurbiprofen 20%/tramadol 20% in Mediderm base 30 grams is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy and safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, antidepressants, cholinergic receptor agonist, prostanoids, bradykinin, local anesthesia, and antidepressants. There is little to no research to support the use of many of these agents. Additionally, the provider's request did not indicate the site at which the cream was intended for, the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Gabapentin 10% / Dextromethorphan 10% / amitriptyline 10% in Mediderm base 30mg:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs.

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

Decision rationale: The request for gabapentin 10%/dextromethorphan 10%/amitriptyline 10% in Mediderm base 30 mg is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy and safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, antidepressants, cholinergic receptor agonist, prostanoids, bradykinin, local anesthesia, and antidepressants. There is little to no research to support the use of many of these agents. Additionally, the provider's request did not indicate the site at which the cream was intended for, the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

flurbiprofen 20% / Tramadol 20% in Mediderm base 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs.

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

Decision rationale: The request for Flurbiprofen 20%/tramadol 20% in Mediderm base 240 grams is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy and safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, antidepressants, cholinergic receptor agonist, prostanoids, bradykinin, local anesthesia, and antidepressants. There is little to no research to support the use of many of these agents. Additionally, the provider's request did not indicate the site at which the cream was intended for, the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Gabapentin 10% / Dextromethorphan 10% / Amitriptyline 10% in Mediderm base 240mg:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs.

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

Decision rationale: The request for gabapentin 10%/dextromethorphan 10%/amitriptyline 10% in Mediderm base 240 mg is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy and safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, antidepressants, cholinergic receptor agonist, prostanoids, bradykinin, local anesthesia, and antidepressants. There is little to no research to support the use of many of these agents. Additionally, the provider's request did not indicate the site at which the cream was intended for, the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Medication consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: California MTUS/ACOEM guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or injured workers fitness to return to work. There is no clear rationale the support the need for a medication consultation. The efficacy of the prior use of medications was not provided. As such, the request is not medically necessary.