

Case Number:	CM14-0109708		
Date Assigned:	08/01/2014	Date of Injury:	11/25/2013
Decision Date:	09/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/15/2014

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 & Rehabilitation 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 47-year-old female who reported an injury on 11/25/2013. The mechanism of injury was noted to be repetitive work. Her diagnosis was noted to be left shoulder tendonitis and left elbow lateral epicondylitis. Her prior treatments were noted to be medications, work restrictions, rest, and immobilization. The injured worker had subjective complaints of left shoulder pain. The objective physical examination findings were noted to be tenderness to palpation of the upper trapezius muscle, rotator cuff, bicipital groove, and glenohumeral joint on the left. There was tenderness to palpation of the left lateral epicondyle. The treatment plan is to order an MRI of the left shoulder and an EMG/nerve conduction study of the upper extremities to rule out radiculopathy. The rationale for the request was not noted with this physical examination. The Request for Authorization form was not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Compound cream (Gabapentin 10%, Lidocaine 5%, Tramadol 15%) 180grams: 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): 111-112.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it would be useful in the specific therapeutic goal required. The requested compounded cream contains tramadol. According to the guidelines, the approved form of tramadol is for oral consumption and it is not recommended as a first-line therapy. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Therefore, the entire compounded cream containing tramadol is not recommended. In addition, the provider's request fails to indicate a frequency of dosage and application site. As such, the request for 1 compounded cream (gabapentin 10%, lidocaine 5%, tramadol 15%) 180 gram is not medically necessary.

1 Compound cream (Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%) 180 grams:
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): 111-112.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it would be useful in the specific therapeutic goal required. The requested compounded cream contains tramadol. According to the guidelines, the approved form of tramadol is for oral consumption and it is not recommended as a first-line therapy. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Therefore, the entire compounded cream containing tramadol is not recommended. In addition, the provider's request fails to indicate a frequency of dosage and application site. Therefore, the request for 1 compound cream (cyclobenzaprine 2%, tramadol 10%, flurbiprofen 20%) 180 gram is not medically necessary.