

<b>Case Number:</b>	CM14-0012811		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	10/21/1992
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Geriatrics, and is licensed to practice in New York. 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 65 year old man with a date of injury of 10/21/92. He was seen in pain management consultation on 11/21/13 with complaints of neck, mid and low back pain. His physical exam showed reduction in range of motion of the cervical spine with tenderness in the paravertebral muscles and lower cervical facets with negative Spurling's. He was tender in the mid thoracic area and paravertebral muscles and over the mid thoracic facets. He had lumbosacral reduction in range of motion with diffuse tenderness over the lower lumbar paravertebral muscles and lumbar facets. His straight leg raise was negative as was Patrick's maneuver. His diagnoses were cervical myoligamentous sprain/strain, rule out cervical discogenic vs. facetogenic pain, thoracic sprain/strain, and rule out thoracic discogenic vs. facetogenic pain and chronic low back pain, rule out discogenic vs. facetogenic pain. He was receiving chiropractic therapy which was effective. At issue in this review is the prescription of compounded creams Flurbiprofen and Tramadol and Amitriptyline, Gabapentin and Dextromethorphan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream Flurbiprofen and Tramadol QTY #1:** 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 Page(s): 111-112.

**Decision rationale:** Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding topical Flurbiprofen and Tramadol in this injured worker, the records do not provide clinical evidence to support medical necessity of a non-recommended treatment or why topical agents are being chosen over oral or non-pharmacologic measures to treat pain. Therefore this request is not medically necessary.

**Compound Cream Amitriptyline, Gabapentin and Dextromethorphan:** 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 Page(s): 16-22 and 111-112.

**Decision rationale:** Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding topical Gabapentin, Amitriptyline and Dextromethorphan in this injured worker, the records do not provide clinical evidence to support medical necessity of a non-recommended treatment or why topical agents are being chosen over oral or non-pharmacologic measures to treat pain. Therefore, this request is not medically necessary.