

Case Number:	CM14-0014790		
Date Assigned:	02/28/2014	Date of Injury:	05/29/2011
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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:

This is a 35-year-old female with a 5/29/2011 industrial injury claim. She has been diagnosed with cervical hyperextension/hyperflexion, calcific right shoulder tendonitis with impingement, and lumbar discopathy. According to the 12/10/13 orthopedic report from the provider, the patient presents with 6/10 right shoulder pain and the neck pain persist also. She takes Norco 10/325mg q6-8h, as needed (PRN); Tramadol ER, 150mg 1-2/day, and some compounded topical including Fluriflex and TGice. On 1/28/14, utilization review denied Gabaketo-L and Amitramadol DM.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAKETO-L 6%/20%6.15% TRANSDERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 12/10/13 orthopedic report, the patient presents with 6/10 right shoulder pain and persistent neck pain. I have been asked to review a compounded topical gabaketo-L 6%/20%/6.15%. The compounded topical contains gabapentin, ketoprofen and lidocaine. Under topical analgesics, the MTUS gives a general statement about compounded products: "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS specifically states Ketoprofen is not Food and Drug Administration (FDA) approved for topical applications. Therefore, the whole compounded product Gabaketo-L that contains Ketoprofen is not recommended.

AMITRAMADOL DM 4%20%10% TRANSDERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 12/10/13 orthopedic report, the patient presents with 6/10 right shoulder pain and persistent neck pain. The provider recommended Fluriflex and TGIce, but this review is for Amitramadol DM 4%, 20%, 10%. There is no rationale provided for this. The compound likely contains amitriptyline, Tramadol and dextromethorphan. Under topical analgesics, the MTUS gives a general statement about compounded products: "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound contains Tramadol, the MTUS states topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." In this case, the patient is not reported to have neuropathic pain, and there is no indication that antidepressants and anticonvulsants have been tried. The use of topical Tramadol is not in accordance with MTUS guidelines, so the whole compounded product that contains Tramadol is not recommended.