MAXIMUS Federal Services

Case Number:	CM14-0018619		
Date Assigned:	04/18/2014	Date of Injury:	09/23/1966
Decision Date:	07/02/2014	UR Denial Date:	02/01/2014
Priority:	Standard	Application Received:	02/13/2014

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 and is licensed to practice in Texas. 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 male who reported an injury on 08/12/2013 due to repetitive trauma while performing normal job duties. The injured worker's treatment history included physical therapy, chiropractic care, and multiple medications. The injured worker was evaluated on 01/14/2014. The injured worker's objective findings included limited lumbar range of motion secondary to pain without any evidence of new motor or sensory deficits. The injured worker's treatment plan included an epidural steroid injection, continuation of medications. A request was made for compounded topical analgesics on 02/27/2014; however, no justification for the request was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF FLURBIPROFEN 20%/ TRAMADOL 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms,2009 - Elsevier.

Decision rationale: The requested flurbiprofen 20%/tramadol 20% is not medically necessary or appropriate. California Medical Treatment Utilzation Schedule recommends topical nonsteroidal anti-inflammatory drugs when injured workers are intolerant to oral formulations or when oral formulations are contraindicated to the patient. The clinical documentation submitted for review does not provide any evidence that the injured worker has been nonresponsive to oral formulations of nonsteroidal anti-inflammatory drugs. Additionally, California Medical Treatment Utilzation Schedule only recommends topical nonsteroidal anti-inflammatory drugs for short durations of treatment not to exceed 4 weeks. The request as it is submitted does not provide a duration of treatment. Therefore, the appropriateness of a nonsteroidal anti-inflammatory drug as a topical agent cannot be determined. Additionally, California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address opioids in a topical medication. Peer reviewed literature indicates that there is is little scientific evidence to support the efficacy and safety of topical opioids. Therefore, use of topical opioids would not be supported. As such, the requested prescription of flurbiprofen 20%/tramadol 20% is not medically necessary or appropriate.

PRESCRIPTION OF GABAPENTIN 10%/ AMITRIPTYLINE 10%/ DEXTROMETHORPHAN 10%: Upheld

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

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

Decision rationale: The requested prescription of gabapentin, Amitryptiline, and Dextromethorphan is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of gabapentin as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication in a topical formulation. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the use of Amitryptiline or Dextromethorphan in topical formulation. Peer reviewed literature does indicate that Dextromethorphan is used as a topical analgesic to address neuropathic pain; however, peer reviewed literature does not support the use of antidepressants in a topical analgesic as there is little scientific evidence to support the efficacy and safety of this type of medication. California Medical Treatment Utilization Schedule states that any medication that contains at least one drug or drug class that is not supported is not recommended. As such, the requested prescription of gabapentin 10%/ Amitryptiline 10%/ Dextromethorphan 10% is not medically necessary or appropriate.