MAXIMUS Federal Services

Case Number:	CM14-0019837		
Date Assigned:	04/30/2014	Date of Injury:	01/06/2013
Decision Date:	07/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine 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 patient is a [redacted] employee who has filed a claim for right finger and thumb injury associated with an industrial injury date of January 06, 2013. Thus far, the patient has been treated with physical therapy, topical compounds, Cartivisc, muscle relaxants, opioids, Alprazolam, NSAIDs, and omeprazole. Patient is status post right thumb A1 pulley release with post-operative physical therapy sessions. A review of progress notes indicates constant moderate right wrist, hand, and thumb pain, with stiffness, tingling, and cramping radiating to the wrist, arm and shoulder. Findings include right wrist tenderness. A utilization review dated January 21, 2014 indicates that the claims administrator denied a request for Flurbiprofen 20%, Tramadol 20% in mediderm base and Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in mediderm base as these are not medically necessary, and Zolpidem 10mg as there is no documentation that the patient has issues with insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20 PERCENT/TRAMADOL 20 PERCENT IN MEDIDERM BASE 30 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As noted on pages 111-113 in the MTUS Chronic Pain Guidelines, there is little to no research as for the use of flurbiprofen in compounded products. Tramadol is indicated for moderate to severe pain. Medi-Derm is composed of capsaicin 0.035%, menthol 5%, and methyl salicylate 20%. Regarding the Capsaicin component, the MTUS Chronic Pain Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the MTUS Chronic Pain Guidelines states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. The MTUS Chronic Pain Guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The patient has been on this medication since January 2014. There is no documentation regarding the necessity of topical preparation in this patient or any benefits derived from this medication. In addition, certain components of this compound are not recommended for topical use. Therefore, the request is not medically necessary and appropriate.

GABAPENTIN 10PERCENT/DEXTROMETHORPHAN 10 PERCENT/AMITRIPTYLINE 10 PERCENT IN MEDIDERM BASE 30 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the MTUS Chronic Pain Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for use as a topical analgesic. Dextromethorphan is not addressed in the guidelines. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Medi-Derm is composed of capsaicin 0.035%, menthol 5%, and methyl salicylate 20%. Regarding the Capsaicin component, the MTUS Chronic Pain Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the MTUS Chronic Pain Guidelines states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. The patient has been on this medication since January 2014. There is no documentation regarding the necessity of topical preparation in this patient or any benefits derived from this medication. In addition, certain components of this

compound are not recommended for topical use. Therefore, the request is not medically necessary and appropriate.

ZOLPIDEM 10 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the FDA (Ambien).

Decision rationale: The ODG states that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. There is no previous documentation noting the use of this medication. In this case, there is no documentation within the medical records provided for review regarding sleep difficulties in this patient that would support the use of this medication. Therefore, the request is not medically necessary and appropriate.