

Case Number:	CM14-0110144		
Date Assigned:	08/01/2014	Date of Injury:	11/08/2006
Decision Date:	10/14/2014	UR Denial Date:	06/13/2014
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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this male employee was reportedly injured on November 8, 2006. No information was provided regarding diagnostic imaging studies or prior treatment. A request had been made for a topical compound of cyclobenzaprine/flurbiprofen/tramadol/mediderm and another topical compound of gabapentin/amitriptyline/dextromethorphan/mediderm and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 4%, Flurbiprofen 20%, Tramadol HCL 20%, Mediderm Cream Base 210 gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one

component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for cyclobenzaprine/flurbiprofen/tramadol/mediderm is not medically necessary.

Gabapentin 10%, Amitriptyline Hci Powder 10%, Dexamethophan Powder 10%, Mediderm Cream Base 210 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for gabapentin/amitriptyline/dextromethorphan/mediderm is not medically necessary.