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| Case Number: | CM14-0128368 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 09/08/2008 |
| Decision Date: | 11/26/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/12/2014 |

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 claimant is a 51 year old male welder/machine operator complained of work-related cumulative trauma causing injuries to his arms, neck, back, right hip, abdomen, right leg and right knee which he reported on 8 Sep 2008. He was diagnosed with cervical strain, lumbar strain, bilateral rotator cuff tendonitis, bilateral lateral epicondylitis and knee pain. He has developed depression secondary to his industrial injuries. Comorbid conditions include sleep apnea, hypertension, hyperlipidemia, anxiety, mitral stenosis and fatty liver. Presently he complains of bilateral 6/10 elbow pain, 5-6/10 cervical spine pain and 7/10 lumbar spine pain. Exam (Jul 2014) showed tenderness to palpation of cervical spine. Imaging of his spine (dates not given) revealed multilevel cervical and lumbar degenerative disc disease. Elbow MRI showed severe bilateral arthritis. Right knee MRI showed degenerative arthritis. Treatment has included physical therapy, acupuncture, chiropractic therapy and medications (Norco, Zanaflex, Celebrex, omeprazole, tramadol, Medrox patches, gabapentin-amitriptyline-dextromethorphan cream, flurbiprofen-tramadol cream (begun 14 Mar 2014), ranitidine, Gaviscon, Carafate and Nexium).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%-Tramadol 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG); http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72, 84, 93-4, 111-13.

Decision rationale: Flurbiprofen-tramadol cream is a combination product formulated for topical use. It is made up of tramadol, a synthetic opioid analgesic and flurbiprofen, a non-steroidal anti-inflammatory drug (NSAID). The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Their use is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not address the topical use of tramadol but notes that when used systemically, tramadol is an effective pain reliever for moderate to severe pain. It also notes that topical analgesic medications have been shown to be effective for local analgesia. NSAIDs have been effective topically in short term use trials for chronic musculoskeletal pain but long-term use has not been adequately studied. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since this patient began use of this compounded product in March 2014 its use is now past the MTUS prescribed short-term therapy. It is not recommended for long term use, due to lack of sufficient evidence of long-term effectiveness. Further use of this medication at this time is not recommended. Therefore the request is not medically necessary.