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| Case Number: | CM14-0130282 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 08/12/2012 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/16/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

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 60-year-old male who has submitted a claim for disc degeneration associated with an industrial injury date of 08/12/2012. Medical records from 2014 were reviewed and showed that patient complains of low back pain. Physical examination reveals weakness of the right hamstring muscles, reduced sensation over the medial aspect of the right foot, symmetric deep tendon reflexes and positive straight leg raise test. Treatment to date has included medications, physical therapy and chiropractic treatment. Utilization review, dated 07/16/2014, denied the requests for Compound Cream Gabapentin 10%, Amitriptyline Hcl 10%, Dextromethorphan 10%) 210 Gm and Compound Cream Flurbiprofen 20%, Tramadol 20% 210 GM as guidelines provided limited support for compounded medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream Gabapentin 10%, Amitriptyline Hcl 10%, Dextromethorphan 10%) 210 Gm: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. The guidelines provide no evidence-based recommendations regarding the use of topical dextromethorphan. CA MTUS does not support the use of gabapentin in a topical formulation. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, the compound prescribed to the patient on 06/03/2014 contained Dextromethorphan, gabapentin, and amitriptyline that are not recommended for topical use. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Compound Cream Gabapentin 10%, Amitriptyline Hcl 10%, Dextromethorphan 10%) 210 Gm is not medically necessary.

Compound Cream Flurbiprofen 20%, Tramadol 20% 210 GM: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical which does not include Flurbiprofen. Guidelines state that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. The topical formulation of Tramadol does not show consistent efficacy. In this case, the compound prescribed to the patient on 06/03/2014 contained Flurbiprofen and Gabapentin, both of which are not recommended. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Compound Cream Flurbiprofen 20%, Tramadol 20% 210 GM is not medically necessary.