

Case Number:	CM14-0133701		
Date Assigned:	08/25/2014	Date of Injury:	12/10/2012
Decision Date:	10/03/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal 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 injured worker is a 33 year old female who sustained an injury on 12/10/12 due to cumulative trauma resulting in neck pain, low back pain, left shoulder, and right wrist pain. Medications included hydrocodone cyclobenzaprine and omeprazole. Previous treatments included acupuncture and physical therapy, and use of neurostimulator unit. Clinical note dated 06/09/14 indicated the injured worker presented complaining of severe low back pain that was minimally improved with medications. The injured worker also described shoulder wrist and neck pain. Physical examination revealed tenderness to palpation in the lumbar spine and tenderness and spasms in the cervical spine and upper extremities. Treatment plan included continuation of topical compounded medication and recommended for further acupuncture treatment. The initial requested topical creams were non-certified on 07/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Gabapentin/Lidocaine/tramadol cream 240mg: 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Gabapentin/Lidocaine/tramadol cream 240mg cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Prospective usage of Cyclobenzaprine/Tramadol/Flurbiprofen cream 240mg: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Compounds

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Cyclobenzaprine/Tramadol/Flurbiprofen cream 240mg cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.