

<b>Case Number:</b>	CM14-0135486		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old male who reported an injury 07/16/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 07/29/2014 indicated a diagnoses of abdominal pain, acid reflux likely secondary to stress, rule out ulcer, anatomical alterations, status post treatment of positive H pylori antibody, constipation likely secondary to stress, bright red blood per rectum, chest pain secondary to acid reflux, sleep disorder mild obstructive sleep apnea per sleep study. The injured worker reported intermittent bright red blood per rectum and has no complains of chest pain or shortness of breath on physical examination. No other significant findings on physical examination. The injured worker's treatment plan included adherence to a course of sleep hygiene. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Miralax, Amitiza, Colace, flurbiprofen/tramadol, and gabapentin/amitriptyline/dextromethorphan. The provider submitted a request for flurbiprofen/tramadol and a request for gabapentin/amitriptyline/dextromethorphan. A Request for Authorization was submitted 06/30/2014 for the above medications; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 flubiprofen 20% Tramadol 20% #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** The request for 1 flubiprofen 20% Tramadol 20% #1 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants and anticonvulsants. In addition, the FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. Moreover, a thorough search of FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. Per the guidelines, any compounded product that contains at least 1 or drug class that is not recommended, is not recommended. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.

**1 Prescription of gabapentin 10%, amltripylline 10%, dexamethorphan 10% #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for 1 Prescription of gabapentin 10%, amltripylline 10%, dexamethorphan 10% #1 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants and anticonvulsants. In addition, gabapentin is not recommended. There is no peer reviewed literature to support its use. Per the guidelines, any compounded product that contains at least 1 or drug class that is not recommended, is not recommended. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.