

Case Number:	CM14-0136323		
Date Assigned:	09/03/2014	Date of Injury:	12/27/2000
Decision Date:	09/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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:

Injured worker is a female with date of injury 12/27/2000. Per secondary treating physician's progress report dated 4/24/2014, the injured worker states that blood pressure and blood sugar are stable. She reports acid reflux symptoms as well as no change in her abdominal pain in the upper quadrant. She notes no changes in her sleep quality, sleeping two to three hours nightly, waking four times. She complains of bright red blood per rectum. On examination there is +1 tenderness to palpation of the left lower quadrant epigastric without rebound tenderness. There is swelling and +2 tenderness to palpation over the left radial aspect of the wrist. Right scapular winging is noted. Industrial related diagnoses include 1) constipation/diarrhea 2) hypertension, triggered by work related injury 3) blurred vision 4) chest pain secondary to anxiety 5) shortness of breath secondary to asthma 6) history of asthma 7) sleep disturbance, rule out obstructive sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypertensa #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Foods section.

Decision rationale: The MTUS Guidelines do not address the use of Hypertensa or other medical foods. The ODG does not recommend the use of medical foods such as Hypertensa except in the event that the patient has a medical condition for which there is specific nutritive requirement or nutritive deficiency. The medical reports do not provide evidence that the injured worker's hypertension is associated with any specific nutritive deficits. There is a lack of evidence for the use of this medication, and medical necessity has not been established by the requesting physician. The request for Hypertensa #60 is determined to not be medically necessary.

Flurbiprofen 20%, Tramadol 20%, Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10%: 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 NSAIDs section, Opioids for Neuropathic Pain section and Opioids, specific drug list section, Topical Analgesics section Page(s): 67-73, 82, 83, 93, 94, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical Flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that Tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not address the use of topical Tramadol. The MTUS Guidelines do not recommend the use of topical Gabapentin as there is no peer-reviewed literature to support use. Amitriptyline is a tricyclic antidepressant that is generally considered a first-line agent. Topical use of Amitriptyline is limited with little evidence for use other than for diabetic neuropathy. Dextromethorphan is an NDMA receptor agonist. Topical use of Dextromethorphan is limited with little evidence for use other than for diabetic neuropathy. Medical necessity of this compounded topical analgesic has not been established. The request for Flurbiprofen 20%, Tramadol 20%, Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% is determined to not be medically necessary.