

Case Number:	CM14-0136621		
Date Assigned:	09/03/2014	Date of Injury:	06/14/2000
Decision Date:	10/02/2014	UR Denial Date:	08/12/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 73-year-old male was reportedly injured on 6/14/2000. The mechanism of injury was noted as lead toxicity. The most recent progress note, dated 7/18/2014, indicated that there were ongoing complaints of intermittent headaches. Physical examination demonstrated the lungs were clear, regular heart rate and rhythm, no murmurs, no abdominal tenderness or guarding, and no clubbing or cyanosis of the extremities. No recent diagnostic imaging studies available for review. Urine toxicology test was pending. Diagnoses: Diabetes mellitus, obstructive sleep apnea, history of lead exposure and cephalgia. Previous treatment included CPAP and topical medications. A request had been made for Flurbiprofen 20% Tramadol 20% (210 grams) and Gabapentin 10% Amitriptyline 10% Dexamethasone 10% (210 grams), which were not medically necessary in the utilization review on 8/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Tramadol 20% 210 grams: Upheld

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

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

Decision rationale: MTUS Guidelines state that Topical Analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". As such, this request is not considered medically necessary.

Gabapentin 10% Amitriptyline 10% Dexamethasone 10% 210 grams: Upheld

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

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

Decision rationale: MTUS Treatment Guidelines state that Topical Analgesics are "largely experimental" and that "any compound product, that contains at least one drug (or drug class,) that is not recommended, is not recommended. Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and recommend against the addition of Gabapentin to other agents. Therefore, this request is not considered medically necessary.