

Case Number:	CM14-0151164		
Date Assigned:	09/19/2014	Date of Injury:	01/28/2012
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of January 28, 2012. A utilization review determination dated August 20, 2014 recommends non-certification of 2 topical compounds. A progress report dated July 17, 2014 identifies subjective complaints of uncontrolled hypertension. Physical examination is normal. Diagnoses include hypertension and tachycardia. The treatment recommendations include medications, EKG, and echocardiography. A progress report dated April 30, 2014 identifies subjective complaints of low back pain, right knee pain, posterior neck pain, right shoulder pain, mid back pain, posttraumatic anxiety and depression, bilateral hip pain, posttraumatic insomnia, and "nasal passageway/lungs." Physical examination reveals slightly decreased range of motion in the cervical spine, decreased range of motion in the shoulders, and tenderness to palpation diffusely. The diagnosis is epistaxis. The treatment plan recommends continuing the current medications and obtaining an MRI of the right knee. Anaprox is prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/ Tramadol 20% in mediderm base 210gm: Upheld

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

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

Decision rationale: Regarding the request for Flurbiprofen 20%/ Tramadol 20% in mediderm base 210gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Tramadol is not supported in topical form. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Flurbiprofen 20%/ Tramadol 20% in mediderm base 210gm is not medically necessary.

Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% in mediderm base 210gm:
Upheld

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

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

Decision rationale: Regarding the request for Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% in mediderm base 210gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. Guidelines do not support the use of topical Dextromethorphan. In light of the above issues, the currently requested Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% in mediderm base 210gm is not medically necessary.