

Case Number:	CM14-0152603		
Date Assigned:	09/22/2014	Date of Injury:	01/16/2013
Decision Date:	10/22/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation 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 46-year-old male with a 1/16/13 date of injury. The patient stated that he developed right index finger, wrist, and elbow pain due to repetitive computer work. According to a progress report dated 6/11/14, the patient complained of right index finger pain, constant neck pain with radiation to the shoulders, low back pain with radiation into the left lower extremity, bilateral shoulder pain, and right wrist and elbow pain. He stated that he had limitations with activities of daily living due to pain. Objective findings: tenderness over the left lumbar region L4-5 and L5-S1, tenderness over the right elbow epicondyle, tenderness over the right shoulder with painful range of motion, sensory changes in the left L5-S1 distribution. Diagnostic impression: right index finger sprain/strain with neuropathic pain, right wrist sprain/strain, right elbow sprain/strain, possible right cervical radicular pain C5-C6, left lumbosacral radicular pain L5-S1. Treatment to date: medication management, activity modification. A UR decision dated 8/29/14 denied the requests for Gabapentin Powder 10% Cylcobenzaprine Powder 6% Alba Derm Cream and Amitriptyline, Tramadol HCL Powder. There was no intolerance to oral medications. There was no rationale for the medical necessity to use compounded products over standard FDA approved formulations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Powder 10% Cylcobenzaprine Powder 6% Alba Derm Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of Gabapentin or Cyclobenzaprine in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Gabapentin Powder 10% Cyclobenzaprine Powder 6% Alba Derm Cream was not medically necessary.

Amitriptyline, Tramadol HCL Powder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of Amitriptyline or Tramadol in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Amitriptyline, Tramadol HCL Powder was not medically necessary.