

Case Number:	CM14-0161035		
Date Assigned:	10/06/2014	Date of Injury:	11/20/2011
Decision Date:	11/20/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/01/2014

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 Interventional Spine, 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:

The patient is a 48-year-old male with a date of injury of 11/20/2011. According to progress, report 06/30/2014, the patient presents with complaints of occasional headaches and neck and low back pain. Examination of the cervical spine reveals decreased and painful range of motion. There was tenderness to palpation of the cervical paravertebral muscles and muscle spasms noted. Cervical compression is positive. Examination of the low back revealed trigger points of paraspinal present at the lumbar spine with decreased and painful range of motion. There was tenderness to palpation of the lumbar paravertebral muscles and straight leg raise testing is positive bilaterally. The listed diagnoses are: 1. Headache. 2. Cervical disk protrusion, muscle spasm, and radiculopathy. 3. Thoracic sprain/strain with muscle spasm. 4. Lumbar disk protrusion, musculoligamentous injury, and myospasm. 5. Sprain and strain of the left hand. 6. Disruption of sleep. 7. Anxiety, depression, irritability, and nervousness. This is a request for topical creams. Utilization review denied the request on 09/02/2014. Treatment reports from 04/07/2014 through 06/30/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent/Tramadol 20 Percent in Mediderm Base 30gm: Upheld

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

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

Decision rationale: This patient presents with neck and low back pain. The treater is requesting a compound topical cream, which include Flurbiprofen 20% and Tramadol 20% in a Mediderm Base 30 g. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. In addition, Tramadol is not tested for transdermal use with any efficacy. The recommended compound topical cream is not medically necessary and recommendation is for denial.

Gabapentin 10 Percent/Dextromethorphan 10 Percent/Amitriptyline 10 Percent 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 Topical Analgesics Page(s): 111.

Decision rationale: The patient presents with neck and low back pain. The treater is requesting a compound topical cream that includes Gabapentin 10%, Dextromethorphan 10%, and Amitriptyline 10% in a Mediderm Base 210 g. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Gabapentin is not recommended in any topical formulation. Therefore, the entire compound cream is not supported. Recommendation is for denial.

Flurbiprofen 20 Percent/ Tramadol 20 Percent in Mediderm Base 210 gm: Upheld

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

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

Decision rationale: This patient presents with neck and low back pain. The treater is requesting a compound topical cream, which include Flurbiprofen 20% and Tramadol 20% in a Mediderm

Base 30 g. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. In addition, Tramadol is not tested for transdermal use with any efficacy. The recommended compound topical cream is not medically necessary and recommendation is for denial.

Gabapentin 10 Percent/Dextromethorphan 10 Percent/Amitriptyline 10 Percent in Mediderm Base 30gm: Upheld

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

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

Decision rationale: The patient presents with neck and low back pain. The treater is requesting a compound topical cream that includes Gabapentin 10%, Dextromethorphan 10%, And Amitriptyline 10% in a Mediderm Base 210 g. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Gabapentin is not recommended in any topical formulation. Therefore, the entire compound cream is not supported. Recommendation is for denial.