

Case Number:	CM14-0173893		
Date Assigned:	10/27/2014	Date of Injury:	01/18/2013
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/22/2014

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 Internal 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:

The injured worker (IW) is a 64-year-old woman who was injured in January 18, 2013 when she tripped and fell over an uneven sidewalk. She sustained injuries to her right shoulder and right knee. The IW was diagnosed with rotator cuff tear, shoulder impingement and meniscus tear, shoulder impingement and meniscus tear. The IW previously underwent right knee arthroscopic surgery August 2013. Right shoulder MRI dated May 20, 2014 revealed supraspinatus and conjoined tendon partial tears; infraspinatus and subscapularis partial tendon tears; infraspinatus and subscapularis muscle atrophy; biceps tendinosis versus partial tendon tear/tenosynovitis; superior glenoid labral tear; superior labral tear from anterior to posterior (SLAP) type II configuration; anterior glenoid labral tear; glenohumeral joint effusion, subacromial subdeltoid bursitis; acromioclavicular joint osteoarthritis; and anterior down sloping of acromion. A right knee MRI dated May 20, 2014 showed medial meniscus tear, probable partial tear; knee joint effusion; semimembranosus tendinosis; popliteal tendinosis; Baker's cyst; ganglion cyst; and evidence of osteoarthritis. Pursuant to the September 4, 2014 progress note, the IW had complaints of right shoulder pain radiating down the right arm. She also complained of right knee pain. The pain level ranged from 7-8/10. Physical examination revealed decreased range of motion of the right shoulder, increased pain and muscle spasms of the anterior. The IW was diagnosed with rotator cuff tear, other tear of cartilage or meniscus of the knee, and shoulder impingement. The IW was prescribed with topical compound flurbiprofen 20%/tramadol 20% cream and amitriptyline 10%/dextromethorphan 10%/gabapentin 10% cream. There were no frequencies provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound medication (Flurbiprofen 20%, Tramadol 20%) 210grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, topical compounds Flurbiprophen 20% and tramadol 20% #210 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. There indicated primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical compounds containing Flurbiprophen and Tramadol not certified by the FDA. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the treating physician requested topical compound with Flurbiprophen and tramadol. Neither drug is FDA approved and consequently, is not recommended. Any compounded product that contains at least one drug (Flurbiprophen and Tramadol) that is not recommended. Hence, Flurbiprophen and tramadol are not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, the compounded product Flurbiprophen 20% and tramadol 20% is not medically necessary.

Topical compound medication (Amitriptyline 10%, Dexamethorphan 10%, Gabapentin 10%) 210grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and official disability guidelines, the topical compound containing amitriptyline 10%, dextromethorphan 10% and gabapentin 10%, #210 g is not medically necessary. Topical analgesics are largely experimental few controlled trials to determine efficacy and safety. These drugs are indicated primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The ODG does not recommend Gabapentin. Consequently, the topical compound containing amitriptyline, dexamethorphan and gabapentin is not medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines the topical compound containing amitriptyline 10%, dextromethorphan 10%, and gabapentin 10% #210 g is not medically necessary.

Topical compound medication (flurbiprofen 20%, Tramadol 20%) 30 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, topical compounds Flurbiprophen 20% and tramadol 20% #30 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are indicated primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical compounds containing Flurbiprophen and Tramadol not certified by the FDA. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the treating physician requested topical compound with Flurbiprophen and tramadol. Neither drug is FDA approved and consequently, is not recommended. Any compounded product that contains at least one drug (Flurbiprophen and Tramadol) that is not recommended. Hence, Flurbiprophen and tramadol are not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, the compounded product Flurbiprophen 20% and tramadol 20%, 30g is not medically necessary.

Topical compound medication (Amitriptyline 10%, Dexamethorphan 10%, Gabapentin 10%) 30 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and official disability guidelines, the topical compound containing amitriptyline 10%, dextromethorphan 10% and gabapentin 10%, 30g is not medically necessary. Topical analgesics are largely experimental few controlled trials to determine efficacy and safety. These drugs are indicated primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The ODG does not recommend Gabapentin. Consequently, the topical compound containing amitriptyline, dexamethorphan and gabapentin is not medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines the topical compound containing amitriptyline 10%, dextromethorphan 10%, and gabapentin 10% #30g is not medically necessary.