

Case Number:	CM14-0177682		
Date Assigned:	10/31/2014	Date of Injury:	03/15/2013
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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 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:

This is a patient with a date of injury of 3/15/13. A utilization review determination dated 10/7/14 recommends non-certification of topical medications. It referenced a 7/26/14 medical report identifying pain in the low back radiating to the RLE as well as right wrist and hand pain. On exam, heel and toe walk was abnormal and there was tenderness and limited ROM as well as positive Tinel's, Phalen's, and tennis elbow test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% cream, 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Pain (updated 10/02/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for amitriptyline/dextromethorphan/gabapentin cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Gabapentin is not supported by the CA MTUS for topical use. 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 requested amitriptyline/dextromethorphan/gabapentin cream is not medically necessary.

Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4% cream, 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Pain (updated 10/02/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flurbiprofen/Tramadol/cyclobenzaprine cream, 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." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned 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 requested Flurbiprofen/Tramadol/cyclobenzaprine cream is not medically necessary.