

Case Number:	CM14-0020032		
Date Assigned:	04/25/2014	Date of Injury:	03/01/2013
Decision Date:	07/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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 Family Practice and is licensed to practice in Tennessee, California, and Virginia. 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 is a 51-year-old male who sustained an injury on 03/01/13. This appeared to have been due to a cumulative trauma type injury. The injured worker has been followed for constant neck pain radiating to the bilateral shoulders with associated numbness and tingling. Prior surgical intervention has included left knee arthroscopy. Prior medication use has included Naprosyn. The clinical evaluation from 11/04/13 was handwritten and somewhat difficult to interpret due to poor handwriting. There appeared to be continuing complaints of pain in the left knee with associated popping, instability, and occasional locking. The injured worker was pending surgical intervention on 11/22/13. On physical examination, there was crepitus noted. Specific medications were not identified in the clinical record. There was a pain management consult ordered on this visit. A topical cream was prescribed. There was no specific rationale regarding the prescribed cream. The topical compounded medications including Flurbiprofen, Lidocaine, Amitriptyline, as well as Gabapentin, Cyclobenzaprine, and Tramadol given on 12/13/13 were denied by utilization review on 01/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE HCL POWDER/ULTRADERM DOS:12/13/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUNDED MEDICATIONS.

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

Decision rationale: In regards to the compounded medication that includes Flurbiprofen and Amitriptyline, this reviewer would not have recommended this topical medication as medically necessary. From the clinical records provided for review, there was limited rationale regarding the use of a compounded topical medication including antiinflammatories as well as an antidepressant. Neither Flurbiprofen nor Amitriptyline is FDA approved for transdermal use. Compounded medications are also largely considered experimental and investigational within the clinical literature. Given the lack of any indications that the patient has failed or could not tolerate other oral medications including antiinflammatories, this medication is not medically necessary.

**RETROSPECTIVE REQUEST FOR GABAPENTIN
POWDER/CYCLOBENZAPRINE/TRAMADOL/ULTRADERM DOS:12/13/13:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUNDED MEDICATIONS.

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

Decision rationale: In regards to the compounded medication that includes Gabapentin, Cyclobenzaprine, and Tramadol, this reviewer would not have recommended this topical medication as medically necessary. From the clinical records provided for review, there was limited rationale regarding the use of a compounded topical medication including antiinflammatories as well as an antidepressant. Neither Gabapentin, Cyclobenzaprine, nor Tramadol are FDA approved for transdermal use. Compounded medications are also largely considered experimental and investigational within the clinical literature. Given the lack of any indications that the patient has failed or could not tolerate other oral medications including antiinflammatories, this medication is not medically necessary.