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| Case Number: | CM14-0023066 | | |
| Date Assigned: | 05/14/2014 | Date of Injury: | 04/12/2012 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Texas. 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 48-year-old male injured on 4/10/2012 due to an undisclosed mechanism of injury. Current diagnoses include inguinal hernia bilaterally without mention of obstruction or gangrene, CRPS II, and chronic pain syndrome. Clinical note dated 1/17/14 indicated the injured worker complained of left groin pain radiating to the left leg rated at 9/10 worse with standing and walking. Examination revealed no specific abnormalities. Current medications include Nebumatone 750 mg, tramadol cream, pantoprazole, venlafaxine, hydrocodone 2.5/325, divalproex, and Nexium. Surgical history includes inguinal herniography in 2012. The initial request for divalproex sodium 500 mg #60 and tramadol cream 10% cream times one tube was initially noncertified on 25 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIVALPROEX SODIUM 500MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend antiepilepsy medications for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Divalproex sodium 500MG #60 cannot be recommended as medically necessary.

TRAMADOL CREAM 10% CREAM TIMES ONE TUBE: 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 9792.20, Topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker is currently taking Depakote. Furthermore, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Tramadol cream 10% cream times one tube cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.