

Case Number:	CM14-0023449		
Date Assigned:	05/12/2014	Date of Injury:	11/02/2012
Decision Date:	08/11/2014	UR Denial Date:	02/03/2014
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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 34-year-old male was reportedly injured on November 2, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 24, 2014, stated there was a complaint of frequent headaches, left wrist pain, and difficulty sleeping. There was a normal physical examination. Diagnoses included a left wrist sprain/strain, loss of sleep, and depressive disorder. Previous medications included Cyclobenzaprine, Naproxen, Cartivisc, Omeprazole, Flurbiprofen, Tramadol, and topical analgesics were prescribed. A request was made for Gabapentin/Dextromethorphan/Amitriptyline as well as Flurbiprofen/Tramadol and was not certified in the pre-authorization process on February 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO GABAPENTIN 10 PERCENT/DEXTROMETHORPHAN 10 PERCENT / AMITRYPTYLIN 10 PERCENT IN MEDIDERM BASE 30 GRAMS: 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 Analgesic Agents Page(s): 105.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients including gabapentin, dextromethorphan, and amitriptyline have any efficacy. For this reason, this request for gabapentin/dextromethorphan/amitriptyline is not medically necessary.

RETRO FLURBIPROFEN 20 PERCENT/ TRAMADOL 20 PERCENT/ MEDIDERM BASE 30 GRAMS: 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 Analgesic Agents Page(s): 105.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients including tramadol have any efficacy. For this reason, this request for flurbiprofen/tramadol is not medically necessary.