

Case Number:	CM14-0024662		
Date Assigned:	06/11/2014	Date of Injury:	05/21/2009
Decision Date:	07/15/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/26/2014

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, 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 is a 62-year-old who reported an injury on May 21, 2009 due unknown mechanism. The injured worker complained of bilateral wrist pain, greater on the left. The pain is aggravated with physical activity. On physical examination dated January 28, 2014 there was tenderness to palpation over the bilateral scaphoid joint. The injured worker had a wrist range of motion, dorsal flexion 65 degrees bilaterally and palmar flexion 70 degrees bilaterally. The injured worker had diagnoses of cervical strain, right shoulder impingement syndrome with acromioclavicular joint pain, left de Quetvain's tenosynovitis. The treatment plan was Amitramadol-Dm ultracream apply to affected area two to three times a day, and Gabaketolido cream apply to affected area twice daily, dose 6 hours apart then withhold for twelve hours. MRI on January 6, 2014 of bilateral wrist revealed no acute abnormality. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRAMADOL-DM ULTRACREAM (AMITRIPTYLINE 4%/TRAMADOL 20%/DEXTROMETHROPAN 10%) 240 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines states topical analgesic are recommended for neuropathic pain. There is no documentation such as condition/diagnosis for which this topical analgesic compound components such as dextromethorphan, or amitriptyline would be preferred. The request for Amitramadol-DM Ultracream (amitriptyline 4%/tramadol 20%/dextromethorphan 10%) 240 gm is not medically necessary or appropriate.

GABAKETOLIDO (GABAPENTIN 6%/KETOPROFEN 20%/LIDOCAINE HCL 6.15%) 240 GM CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that gabapentin in a topical form is not recommended for chronic pain. There is no peer-reviewed literature to support use, and when 1 ingredient is not recommended then the compound itself is not recommended. Gabaketolido contains gabapentin and is not approved for topical use per the guidelines recommendations. Lidocaine is indicated for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a first trial of first-line therapy (tricyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressant or an AED [anti-epileptic drug] such as gabapentin or Lyrica. Lidocaine has been designated by the FDA for neuropathic pain. Ketoprofen is not currently FDA approved for topical application. The request for Gabaketolido (gabapentin 6%/ketoprofen 20%/lidocaine hcl 6.15%) 240 gm cream is not medically necessary or appropriate.