

Case Number:	CM14-0025409		
Date Assigned:	06/13/2014	Date of Injury:	08/17/2013
Decision Date:	07/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada 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 52 year old female who sustained an injury on 08/17/13. No specific mechanism of injury was noted. This did appear to be a repetitive work type injury. The injured worker had been followed by [REDACTED] for complaints of headaches, neck, mid back, and low back pain, pain in the bilateral shoulders and upper extremities, pain at the bilateral thighs, knees, and ankles. The injured worker also described feelings of anxiety and depression. The injured worker was initially recommended for the use of a lumbar brace and an interferential unit as well as a cold therapy kit. Radiographs of the bilateral feet were also recommended. The injured worker did have electrodiagnostic studies completed in January of 2014 which noted findings consistent with a chronic right C8-T1 cervical radiculopathy. There were no specific medications prescribed by [REDACTED] except for topical medications to minimize neurovascular complications as well as other complications from oral medications. The clinical report from 01/14/14 by [REDACTED] noted continuing complaints of low back, mid back, and neck pain as well as pain in the upper and lower extremities. Physical examination noted continued tenderness to palpation in multiple areas of the upper and lower extremities as well as the neck, mid back, and low back. The injured worker did report benefits from extracorporeal shockwave therapy sessions. The most recent evaluation on 02/11/14 noted unchanged symptoms and continuing tenderness in multiple areas of the upper and lower extremities as well as the neck, mid back, and low back. Ongoing topical analgesics to include a Flurbiprofen and Tramadol compounded medication and Gabapentin, Amitriptyline, and Dextromethorphan compounded medication were prescribed at this evaluation. The requested Flurbiprofen compounded cream, 180 grams and a compounded cream including Gabapentin, Cyclobenzaprine, and Tramadol, 180 grams, were both denied by utilization review on 02/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN (NAP) CREAM-LA 180GMS: Upheld

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

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

Decision rationale: In regards to the prescribed Flurbiprofen compounded topical medication, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The clinical documentation did not indicate whether the injured worker had failed a reasonable trial of oral medications to include oral antiinflammatories or analgesics that either failed to provide benefits or were not tolerated. There was no indication of any clear contraindications for any oral medication use. Topical analgesics containing compounded forms of prescribed oral medications are not well supported in the clinical literature and are largely considered experimental and investigational due to the lack of evidence regarding their benefit in the treatment of chronic pain as compared to their oral counterparts. Given the lack of any clinical documentation indicating that the injured worker had failed a reasonable trial of the oral versions of the compounded medications or that oral medication use was contraindicated in the injured worker, this reviewer would not have recommended this request as medically necessary.

GABACYCLOTRAM 180GMS: Upheld

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

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

Decision rationale: In regards to the prescribed compounded topical medication including gabapentin, cyclobenzaprine, and tramadol, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The clinical documentation did not indicate whether the injured worker had failed a reasonable trial of oral medications to include oral antiinflammatories or analgesics that either failed to provide benefits or were not tolerated. There was no indication of any clear contraindications for any oral medication use. Topical analgesics containing compounded forms of prescribed oral medications are not well supported in the clinical literature and are largely considered experimental and investigational due to the lack of evidence regarding their benefit in the treatment of chronic pain as compared to their oral counterparts. Given the lack of any clinical documentation indicating that the injured worker had failed a reasonable trial of the oral versions of the compounded medications or that oral

medication use was contraindicated in the injured worker, this reviewer would not have recommended this request as medically necessary.