

Case Number:	CM14-0028381		
Date Assigned:	06/16/2014	Date of Injury:	11/16/2009
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational 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 female injured on 11/16/09 due to an undisclosed mechanism of injury. Prior utilization review dated 05/06/13 indicates current diagnoses as right mild carpal tunnel syndrome, left moderate carpal tunnel syndrome, right mild cubital tunnel syndrome, and left mild cubital tunnel syndrome. The documentation provided indicated the injured worker has right trigger thumb, bilateral carpal tunnel syndrome, and cubital tunnel syndrome. Examination findings indicated positive Tinel's sign, positive Phalen's sign, and right trigger thumb. The injured worker was working modified duty at the time of prior utilization review. The initial request for retrospective prescription of compounded medication of Amitriptyline, Dextromethorphan, Tramadol, PEN cream 240 grams, date of service 02/27/12 and compounded medication of Diclofenac, Flurbiprofen, PEN cream 240 grams, date of service 02/27/12 were initially non-certified on 02/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF COMPOUND MEDICATION OF AMITRIPTYLINE, DEXTROMETHORPHAN, TRAMADOL, PENCREAM 240 GRAMS (DOS 2/27/12): 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 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. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, 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 the compound medication of Amitriptyline, Dextromethorphan, Tramadol, Pencream 240 grams (DOS 2/27/12) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF COMPOUND MEDICATION OF DICLOFENAC, FLURBIPROFEN, PENCREAM 240 GRAMS (DOS: 2/27/12):

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 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. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, 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 the compound medication of Diclofenac, Flurbiprofen, Pencream 240 grams (DOS: 2/27/12) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.