

Case Number:	CM14-0029712		
Date Assigned:	06/16/2014	Date of Injury:	09/29/2007
Decision Date:	07/24/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 claimant was injured on 09/27/07 and has a diagnosis of cervical disc displacement. Topical compound medications have been requested and are under appeal. She also injured her thoracic spine, right elbow and wrist, and her shoulders. She saw [REDACTED] on 02/14/13. She still had weakness in her shoulders. MRIs on 11/07/12 showed residual rotator cuff tear on the right and a full thickness rotator cuff tear on the left. She has status post arthroscopic surgery. There is mention of medication. She saw [REDACTED] on 02/01/13. She was using transdermal creams and oral medications. She has multiple diagnoses. She was to take tramadol and was using transdermal creams because of her liver. She was also using gabapentin and sumatriptan for migraines. Surgery was still being considered. She has been using the pain creams for a prolonged period of time. Acupuncture was also attended with some benefit in 2012. The topical medications were noncertified on 02/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Tram/Gaba/Menth/Camp8/10/2/2% 180gm: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 143.

Decision rationale: The history and documentation do not objectively support the request for Tram/Gaba/Menth/ Camp8/10/2/2% 180 gm. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no evidence of failure of all other first line drugs and the claimant has also received multiple oral medications. Topical Gabapentin and Tramadol are not recommended. The medical necessity of this request has not been clearly demonstrated. The request is not medically necessary.

1 prescription for Flurbi/Cyclo15/10% 180gm: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 143.

Decision rationale: The history and documentation do not objectively support the request for Flurbi/Cyclo 15/10% 180 gm. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no evidence of failure of all other first line drugs and the claimant has also received multiple oral medications. Topical Cyclobenzaprine is not recommended. The medical necessity of this request has not been clearly demonstrated. The request is not medically necessary.