

Case Number:	CM14-0034789		
Date Assigned:	06/20/2014	Date of Injury:	10/14/2013
Decision Date:	10/07/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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, has a subspecialty in Pain 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 30 year old male injured on 10/14/13 due to an undisclosed mechanism of injury. Diagnoses include L5-S1 disc herniation and spinal sprain/strain syndrome with intermittent radiculopathy and cervical sprain/strain syndrome. Clinical note dated 02/27/14 indicates the injured worker presented complaining of low back pain rated at 3/10 and mild neck pain. The injured worker denied radicular symptomology to bilateral upper and lower extremities. The injured worker reported pain had improved significantly following completion of physical therapy. Currently taking Tylenol with Codeine for pain management. Physical examination revealed slightly antalgic gait with compromised toe and heel walk, tenderness at the occipital insertion of the paracervical musculature, significant tenderness bilaterally in the trapezii, midline and base of the cervical spine tender, anterior chest wall slightly tender secondary to contusion, decreased cervical range of motion, upper extremity sensation intact, mildly positive head compression sign, negative Spurling maneuver, significant tenderness in the paralumbar musculature, decreased lumbar range of motion, paraspinus muscle spasm in the lumbar spine, and strength/sensation/deep tendon reflexes intact to bilateral lower extremities. Urine drug screen was performed and the injured worker was released to full duty status. Prescriptions were provided at that time. The initial request for Tylenol #3 with Codeine #60, Amitradmadol DM Ultracream 240 mg, and Gabapentin 6% Ketoprofen 20% Lidocaine 6.5% Transderm 240mg was initially non-certified on 03/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 w/ Codeine #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Tylenol #3 w/ Codeine #60 cannot be established at this time.

Amitradmadol DM Ultracream 240 mg: 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.

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. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore Amitradmadol DM Ultracream 240 mg cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Gabapentin 6% Ketoprofen 20% Lidocaine 6.5% Transderm 240mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Muscle relaxants (for pain).

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. Further, CAMTUS, Food and Drug

Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: Gabapentin and Ketoprofen which have not been 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 Gabapentin 6% Ketoprofen 20% Lidocaine 6.5% Transderm 240mg cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.