

Case Number:	CM14-0035884		
Date Assigned:	06/23/2014	Date of Injury:	10/26/2012
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 Management 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:

According to the records made available for review, this is a 53-year-old male with a 10/26/12 date of injury. At the time (2/24/14) of request for authorization for retrospective request for one (1) prescription for tramadol/gabapentin/menthol/camphor 8/10/2/2% 180 gm (1/9/2014) and retrospective request for 1 prescription for Flurbiprofen/cyclobenzaprine 15/10% 180 gm (1/9/2014), there is documentation of subjective (right shoulder pain aggravated by overhead extension and flexion; right elbow pain aggravated by forceful gripping) and objective (right shoulder tenderness over the acromioclavicular joint, decreased range of motion, crepitation on flexion and extension, mild weakness with flexion and extension; right elbow tenderness over the right lateral epicondyle) findings. The current diagnoses include right upper extremity overuse/tendinopathy, right shoulder impingement with acromioclavicular arthrosis, and right elbow lateral epicondylitis. The treatment to date includes medications, physical therapy, and activity modification. A medical report dated 1/8/14 identifies that the patient prefers not to take oral medications, due to a kidney condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION FOR TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR 8/10/2/2%, 180 GRAMS (DATE OF SERVICE: 01/09/2014): Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that many agents are compounded as monotherapy or in combination for pain control. The guidelines also indicate that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Any compounded product that contains at least one (1) drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of the diagnoses of right upper extremity overuse/tendinopathy, right shoulder impingement with acromioclavicular arthrosis, and right elbow lateral epicondylitis. However, tramadol/gabapentin/menthol/camphor 8/10/2/2% contains at least one (1) drug (gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for one (1) prescription for tramadol/gabapentin/menthol/camphor 8/10/2/2% 180 gm (1/9/2014) is not medically necessary.

RETROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION FOR FLURBIPROFEN/CYCLOBENZAPRINE 15/10%, 180 GRAMS (DATE OF SERVICE: 01/09/2014): Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that many agents are compounded as monotherapy or in combination for pain control. The guidelines also indicate that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Any compounded product that contains at least one (1) drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right upper extremity overuse/tendinopathy, right shoulder impingement with acromioclavicular arthrosis, and right elbow lateral epicondylitis. However, Flurbiprofen/cyclobenzaprine 15/10% contains at least one (1) drug (cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for one (1) prescription for Flurbiprofen/cyclobenzaprine 15/10% 180 gm (1/9/2014) is not medically necessary.