

Case Number:	CM14-0037713		
Date Assigned:	06/25/2014	Date of Injury:	03/12/2013
Decision Date:	07/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 45 year old female who sustained an injury on 3/12/13. No specific mechanism of injury was noted. Rather, this was a repetitive trauma injury while doing laundry. The injured worker has been followed for complaints of bilateral wrist pain with associated swelling and decreased range of motion. Prior treatment has included physical therapy which was temporarily beneficial. The injured worker also utilized hot and cold therapy and was taking medications for pain. Medications included Tramadol, Omeprazole, and Cyclobenzaprine. The injured worker was prescribed a compounded topical medication that included Gabapentin, Dextromethorphan, Flurbiprofen, Tramadol, and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Creams-240 grams Flurbiprofen 20% / Tramadol 20% / In Mediderm Base: 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 Page(s): 111-113.

Decision rationale: Compounded topical medications are largely considered experimental and investigational in the clinical literature as there is insufficient evidence supporting that topical compounded use of medications typically utilized orally is any more beneficial than prescription oral medications. There was no indication that the injured worker had any contraindications from oral medication use or was not able to tolerate oral medications. The use of compounded topical Flurbiprofen and Tramadol is not recommended by guidelines. Therefore, the request is not medically necessary.

Compound Topical Creams-240 grams Gabapentin 10% / Dextromethorphan 10% / Amitriptyline 10% in Mediderm Base.: 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 Page(s): 111-113.

Decision rationale: Compounded topical medications are largely considered experimental and investigational in the clinical literature as there is insufficient evidence supporting that topical compounded use of medications typically utilized orally is any more beneficial than prescription oral medications. There was no indication that the injured worker had any contraindications from oral medication use or was not able to tolerate oral medications. The use of compounded topical Gabapentin, Dextromethorphan, and Amitriptyline is not recommended by guidelines. Therefore, the request is not medically necessary.