

Case Number:	CM14-0039131		
Date Assigned:	06/27/2014	Date of Injury:	09/22/2003
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/03/2014

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 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:

This patient sustained an injury on 9/22/03 while employed by [REDACTED]. Request(s) under consideration include Gabapentin 6%/Ketoprofen 20%/Lidocaine HCI 6.15% Transderm 240gm cream and Amitramadol DM (Amitriptyline 4%/Tramadol 20%/Dextromethorphan 10%) Transderm 240gm. Diagnoses include cervical strain/sprain/mild discopathy; Lumbar strain/sprain/mild discopathy; Hand joint pain; Bilateral CTS; right knee pain; depression; and s/p left wrist ganglion cyst excision (undated). Report of 12/16/13 from the provider noted the patient with lower back and right knee discomfort; received Vitamin B12 injection and is participating in a home exercise program. Current medications list Naprosyn, Tizanidine, and Norco. Report of 2/14/14 noted unchanged chronic pain in bilateral knees and upper extremities with associated left hand numbness and tingling in digits 1-3. Exam showed positive Phalen's, Tinel's, diffuse forearm tenderness; painful range of finger motions; thoracolumbar spine to base of pelvis tenderness with slightly tight paralumbar musculature; moderate decrease in median nerve distribution. Treatment included continuing with conservative care. Request(s) for Gabapentin 6%/Ketoprofen 20%/Lidocaine HCI 6.15% Transderm 240gm cream and Amitramadol DM (Amitriptyline 4%/Tramadol 20%/Dextromethorphan 10%) Transderm 240gm were non-certified on 3/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6%/Ketoprofen 20%/Lidocaine HCI 6.15% Transderm 240gm cream: 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: This patient sustained an injury on 9/22/03 while employed by [REDACTED]. Request(s) under consideration include Gabapentin 6%/Ketoprofen 20%/Lidocaine HCl 6.15% Transderm 240gm cream and Amitramadol DM (Amitriptyline 4%/Tramadol 20%/Dextromethorphan 10%) Transderm 240gm. Diagnoses include cervical strain/sprain/mild discopathy; Lumbar strain/sprain/mild discopathy; Hand joint pain; Bilateral CTS; right knee pain; depression; and s/p left wrist ganglion cyst excision (undated). Report of 12/16/13 from the provider noted the patient with lower back and right knee discomfort; received Vitamin B12 injection and is participating in a home exercise program. Current medications list Naprosyn, Tizanidine, and Norco. Report of 2/14/14 noted unchanged chronic pain in bilateral knees and upper extremities with associated left hand numbness and tingling in digits 1-3. Exam showed positive Phalen's, Tinel's, diffuse forearm tenderness; painful range of finger motions; thoracolumbar spine to base of pelvis tenderness with slightly tight paralumbar musculature; moderate decrease in median nerve distribution. Treatment included continuing with conservative care. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2003 without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Naproxen and topical compounded Ketoprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. The Gabapentin 6%/Ketoprofen 20%/Lidocaine HCl 6.15% Transderm 240gm cream is not medically necessary and appropriate.

Amitramadol DM (Amitriptyline 4%/Tramadol 20%/Dextromethorphan 10%) Transderm 240gm: 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: This patient sustained an injury on 9/22/03 while employed by [REDACTED]. Request(s) under consideration include Gabapentin 6%/Ketoprofen 20%/Lidocaine HCl 6.15% Transderm 240gm cream and Amitramadol DM (Amitriptyline 4%/Tramadol 20%/Dextromethorphan 10%) Transderm 240gm. Diagnoses include cervical strain/sprain/mild discopathy; Lumbar strain/sprain/mild discopathy; Hand joint pain; Bilateral CTS; right knee

pain; depression; and s/p left wrist ganglion cyst excision (undated). Report of 12/16/13 from the provider noted the patient with lower back and right knee discomfort; received Vitamin B12 injection and is participating in a home exercise program. Current medications list Naprosyn, Tizanidine, and Norco. Report of 2/14/14 noted unchanged chronic pain in bilateral knees and upper extremities with associated left hand numbness and tingling in digits 1-3. Exam showed positive Phalen's, Tinel's, diffuse forearm tenderness; painful range of finger motions; thoracolumbar spine to base of pelvis tenderness with slightly tight paralumbar musculature; moderate decrease in median nerve distribution. Treatment included continuing with conservative care. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2003 without documented functional improvement from treatment already rendered. It is also unclear why the patient is prescribed both an oral opioid, Norco along with compounded topical Tramadol. The Amitramadol DM (Amitriptyline 4%/Tramadol 20%/Dextromethorphan 10%) Transderm 240gm is not medically necessary and appropriate.