MAXIMUS Federal Services

Case Number:	CM14-0041285		
Date Assigned:	06/30/2014	Date of Injury:	12/13/2012
Decision Date:	09/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 Texas and Oklahoma. 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 60-year-old female who reported an injury on 12/13/2013 as she assisted a customer at the self-checkout counter, the injured worker picked up a case of bottled beer and pulled something in her neck and back. The injured worker had a history of neck and upper back, mid back, lower back and right shoulder pain. The injured worker had a diagnosis of brachial neuritis/radiculitis, lumbosacral sprain/strain, thoracic sprain/strain and multiple sclerosis. No diagnostics were available for review. The past treatments included medications. The objective findings dated 01/22/2014 to the cervical spine revealed a range of motion that was within normal limits, with spasms and tenderness noted to the paracervical muscles. The physical evaluation of the lumbar spine revealed muscle spasms and tenderness noted to the paravertebral lower lumbar region. The medications included Norco 5/325 and topical compounds with a reported pain of 4/10 to the mid back and occasional 5/10 to the lower back radiating to the left lower extremity. The treatment plan included physical therapy and pain medications. The Request for Authorization dated 06/30/2014 was submitted with documentation. The rationale for her compound medication was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 gm:Fluroiprofen20% and Tramdol 20% topical compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended for use. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. As such, the request is not medically necessary.

240gm: Gabapentin 10%/Amitriptline 10%/ Dextrmethorphan 10% topical compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anagesics Page(s): 111.

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

Decision rationale: MTUS Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended for use. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Gabapentin is not recommended. There is no peer-reviewed literature to support use. As such, the request is not medically necessary.