

Case Number:	CM14-0042253		
Date Assigned:	06/30/2014	Date of Injury:	11/27/2013
Decision Date:	08/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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 is a 75 year-old male patient with a date of injury of 11/27/2013. The mechanism of injury is a slip and fall. The patient fell and injured his neck, left shoulder, and LUE with some lacerations above his left eye. Doctor's notes from 3/21/2014 and 1/20/2014 are handwritten and difficult to read with little clinical documentation. The patient complains of pain of 6-7/10 in the cervical, thoracic, lumbar, hip, shoulder, and elbow regions. The diagnostic impression is neck sprain, sprain shoulder and arm, sprain radial collateral ligament, sprain lateral collateral ligament, anxiety, polyarthritis, insomnia, and concussion without coma. Treatment to date: Physical therapy and medication management. A UR decision dated 3/27/2014 denied the requests for Flurido-A Compound cream 30gm, Ultrafex-G 30gm (Fluribiprofen/tramadol/cyclobenzaprine 20/20/4% Cream), and amitriptyline/dentromethorphan/gabapentin 10/10/10% cream. The rationale for these decisions was that these compounds are not available under MTUS or ACOEM at the present time. Whether proprietary or ethical or both they cannot be certified at present time. The FDA has not stated whether these compounds are either safe or effective in these combinations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound creams- FlurLido-A 30 gm,: 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): 25,28,111-113. Decision based on Non-MTUS Citation Disability Official Guidelines (ODG) pain chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurlido-A is a mixture of fluribiprofen(an NSAID) and lidocaine(a topical anesthetic) Even though it was stated throughout the patient notes that the creams seemed to help there are no studies citing any efficacy of the topical use of NSAIDS or local anesthetics. In addition, the use of lidocaine in a cream/ointment form is difficult to control in terms of the amount used and puts the patient at risk for systemic toxicity. Therefore, the request for FlurLido-A 30gm is not medically necessary.

Ultrafex-G 30 gm: 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): 25,28,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ultrafex-G is stated to be a compounded formulation. An extensive search of online resources failed to yield the ingredients of this cream. Therefore, the request for Ultrafex-G 30gm was not medically necessary.

Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4% cream.: 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): 25, 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025%

formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen(an NDAID), tramadol(an opioid agonist), and cyclobenzaprine(a centrally-acting muscle relaxant) are the components of the requested compound. Topical applications of any of these drugs are still experimental. Guidelines specifically do not support tramadol used topically. There is no specific rationale as to why the patient needs this medication in a topical form. Therefore, the request for Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4% cream is not medically necessary.

Amitriptyline/Dextromethorphan/Gabapentin 10/10/10% cream.: 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): 25, 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, ODG states that there is little to no research to support the use of NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Recommend non-certification. Amitriptyline, an tri-cyclic ant-depressant, dextromethorphan, a centrally-acting cough suppressant, and gabapentin, an anti-convulsant are the constituents of this compound. The use of these agents topically is still experimental. However, no specific rationale presented provides as to why this patient needs these medications despite of lack of guideline support. Therefore, the request for Amitriptyline/Dextromethorphan/Gabapentin 10/10/10% cream is not medically necessary.