

Case Number:	CM14-0043058		
Date Assigned:	07/11/2014	Date of Injury:	05/01/2012
Decision Date:	08/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/09/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 50-year-old male who reported an injury on 05/01/2012. The injury reportedly occurred to his low back when he was moving from a squatting position to a standing position. His diagnoses include sprain/strain, tendonitis, and myositis of the right upper extremity affecting the wrist and forearm and probable lumbosacral sprain. His previous treatments were noted to include Naprosyn, tramadol, Norco, Xanax, physical therapy, shockwave therapy, use of a wrist brace, and psychotherapy. On 02/21/2014, the injured worker presented with complaints of low back pain, neck pain, and right wrist pain. He rated his pain 6/10. His medications were noted to include Ultram and Xanax. The documentation submitted for review failed to provide a detailed treatment plan regarding the requested topical compounded medications and the Request for Authorization form was also not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 4%, Tramadol 20%, Dextromethorphan 10%, Ethoxy Diglycol Liquid, Transdermal Pain Base - compounded cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical agents Page(s): 111-113.

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

Decision rationale: According to the California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended in the treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that many agents are compounded for pain control including opioids, capsaicin, local anesthetics, antidepressants and other agents, but there is little to no research to support use of many of these agents. The guidelines go on to state that any compounded product that contains at least 1 drug that is not recommended is also not recommended and use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be used to fulfill the therapeutic goal. A clear rationale for the requested topical compound was not provided in the medical records and the guidelines state that topical agents including antidepressants and opioids have little evidence to support efficacy and safety. In addition, as the guidelines do not support compounded products without documentation regarding the specific analgesic effects and how it will be used to fulfill the treatment goal, in the absence of further documentation regarding the request, the topical compounded product requested is not supported, as such, the request is non-certified.

Gapentin 6%, Ketoprofen 20%, Lidocaine HCL 6.15%, Ethoxy Diglycol Liquid, Transdermal Pain Base - compounding cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications Page(s): 111-113.

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

Decision rationale: According to the California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended in the treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that many agents are compounded for pain control including opioids, capsaicin, local anesthetics, antidepressants and other agents, but there is little to no research to support use of many of these agents. The guidelines go on to state that any compounded product that contains at least 1 drug that is not recommended is also not recommended and use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be used to fulfill the therapeutic goal. In regard to gabapentin, the guidelines state there is no peer reviewed literature to support use of gabapentin as a topical product. In regard to ketoprofen, the guidelines state that ketoprofen is not FDA approved as a topical product as it has an extremely high incidence of photocontact dermatitis. In addition, the guidelines state that lidocaine is only recommended for neuropathic pain in the formulation of the Lidoderm patch and other formulations such as gels and creams are not recommended. As the topical compound requested contains gabapentin, ketoprofen and lidocaine cream which are not supported, the topical compound is also not supported. As such, the request is non-certified.

