MAXIMUS Federal Services

Case Number:	CM14-0047016		
Date Assigned:	07/02/2014	Date of Injury:	09/25/2013
Decision Date:	09/16/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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:

The patient is a 51-year-old female who has submitted a claim for sprain of lumbar region associated with an industrial injury date of September 25, 2013.Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant, moderate, dull, achy, sharp low back pain and stiffness aggravated by sitting, standing, bending and squatting. On lumbar spine examination, there was decreased range of motion with extension 5/25, flexion 15/60, left lateral bending 15/25, and right lateral bending 15/25. There was tenderness and spasm of the lumbar paravertebral muscles. Treatment to date has included opioids, NSAIDS, muscle relaxants and analgesic creams.Utilization review from March 12, 2014 denied the request for both the flurbiprofen-flubiprofen 20% Tramadol 20% in mediderm base 240 grams and Gabapentin-gabapentin10%/Dextromenthorphan 10%/Amitriptyline 10% in mediderm 240 grams because the guidelines do not support these types of compounded medication and report studies do not confirm their efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen-flubiprofen 20% Tramadol 20% in mediderm base 240 grams: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. There is little to no research to support the use of many of these agents. Diclofenac is the only topical NSAID that is supported in the California MTUS. CA MTUS does not support the use of opioids in a topical formulation. In this case, the prescribed compound to the patient contained flurbiprofen, an NSAID which has little to no research supporting it. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The prescribed medication contains both Flurbiprofen and tramadol that are not recommended for topical use. Therefore, the request for flurbiprofen-flubiprofen 20% Tramadol 20% in mediderm base 240 gram is not medically necessary.

Gabapentin-gabapentin10%/Dextromenthorphan 10%/Amitriptyline 10% in mediderm 240 grams: 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 Topical Analgeics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. There is little to no research to support the use of many of these agents. The guidelines provide no evidence-based recommendations regarding the use of topical dextromethorphan. CA MTUS does not support the use of gabapentin in a topical formulation. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, the compound prescribed to the patient contained Dextromethorphan, gabapentin, and amitriptyline that are not recommended for topical use. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Gabapentin-gabapentin10%/Dextromenthorphan 10%/Amitriptyline 10% in mediderm 240 grams is not medically necessary.