

Case Number:	CM14-0059184		
Date Assigned:	07/09/2014	Date of Injury:	09/17/2012
Decision Date:	08/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/29/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 31 year old male presenting with chronic pain following a work related injury on 9/17/2012. The claimant complained of intermittent moderate dull, achy upper/mid back pain constant moderate dull, achy low back pain radiating to legs with weakness. The claimant reports that the pain is associated with loss of sleep. The physical exam was significant for +3 tenderness to palpation of the thoracic paravertebral muscles, +3 tenderness to palpation of the L3-L5 spinous processes and lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles, sitting straight leg raise is positive bilaterally. MRI of the lumbar spine revealed 1-2 mm bulges L3-L5/S1 with mild to moderate neural foraminal narrowing in L4-5 and moderate to severe narrowing at L5-S1. The claimant was diagnosed with musculoligamentous injury, lumbar musculoligamentous injury, lumbar radiculopathy and sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal medication: 210 grams of Flurbiprofen 20% and Tramadol 20%: 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) 111-112 Page(s): 111-112.

Decision rationale: Transdermal medication: 210 grams of Flurbiprofen 20% and Tramadol 20% is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per California MTUS page 111 states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA approved products are currently recommended. Non-neuropathic pain: Not recommended. Flurbiprofen, is a topical NSAID, MTUS guidelines indicates this medication is for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short- term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore, the medication is not medically necessary.

Transdermal medication: 210 grams of amitriptyline 10%, Dextromethorphan 10%, and Gabapentin 10%: 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) 111-112 Page(s): 111-112.

Decision rationale: Transdermal medication: 210 grams of amitriptyline 10%, Dextromethorphan 10%, and Gabapentin 10% is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per the California MTUS page 111 states that topical analgesics such as Gabapentin are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, compounded topical cream is not medically necessary.