

Case Number:	CM14-0064002		
Date Assigned:	07/11/2014	Date of Injury:	06/17/2013
Decision Date:	09/15/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/06/2014

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 34-year-old female who has submitted a claim for injury to cervical, thoracic and lumbar spine, rule out herniated nucleolus pulposus and injury to right shoulder, right tibia and right fibula, rule out internal derangement; associated with an industrial injury date of 06/17/2013. Medical records from 2014 were reviewed and showed that patient complained of cervical, thoracic, lumbar spine and right shoulder pain rated at 8/10. The pain was described to be constant. There was numbness and tingling to the right lower extremity. There was pain in the right tibial, right fibular and right ankle rated at 10/10. Physical examination of the cervical, thoracic and lumbar spine revealed tenderness to palpation and spasm. Examination of the right tibia and fibula was done however medical records submitted showed writing was illegible. Examination of the right ankle showed positive for impingement and positive empty can test. Treatment to date has included oral medications, topical medications and physical therapy. Utilization review, dated 04/18/2014, denied the request for cold therapy unit because guidelines do not recommend its use for chronic pain. The same review denied the requests for Gaba 10 percent/ Amitrip 10 percent/ Dextrol 10 percent Cream and Flubi 20 percent/ Trama 20 percent/ Cycloben 4 percent Cream because the requested topical medications contain a non-recommended drug and therefore would not be appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Unit for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Cold/heat packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, cold/heat packs.

Decision rationale: CA MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG recommends cold/heat packs as an option for acute pain. At-home local application of cold packs in first few days of acute complaint, thereafter applications of heat packs or cold packs. Continuous low-level heat wrap therapy is superior to both Acetaminophen and Ibuprofen for treating low back pain. The evidence for the application of cold treatment to low back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. In this case, there was no discussion regarding the indication for a cold therapy unit despite it being experimental and investigational; and it is unclear why regular ice bags/packs will not suffice. Lastly, the present request as submitted failed to specify the duration of use and body part to be treated. Therefore, the request for Cold Unit for Purchase is not medically necessary.

Gaba 10 percent/ Amitrip 10 percent/ Dextrol 10 percent Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound drugs.

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

Decision rationale: As stated on pages 111 to 113 of the CA 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 recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the Gabapentin component, guidelines do not recommend its use, as there is no peer-reviewed literature to support its use. Regarding the Amitriptyline component, guidelines recommend its use with Ketamine for treatment of chemotherapy-induced peripheral neuropathy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Dextrol was not discussed in the guidelines. In this case, medical records reviewed did not show failure of or intolerance to oral formulations. Furthermore, the medical records did not show that the patient has chemotherapy-induced peripheral neuropathy to warrant the use of topical Amitriptyline. Lastly, the present request as submitted failed to specify the duration and frequency of the topical medication to be evaluated. Gabapentin is likewise not recommended for topical use. Therefore, the request for Gaba 10 percent/ Amitrip 10 percent/ Dextrol 10 percent Cream is not medically necessary.

Flubi 20 percent/ Trama 20 percent/ Cycloben 4 percent Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound drugs.

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

Decision rationale: As stated on pages 111 to 113 of the CA 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 recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the Flurbiprofen component, topical NSAID formulation is only supported for Diclofenac in the California MTUS. Regarding the Tramadol component, guidelines do not support the use of Tramadol in a topical formulation. Regarding the Cyclobenzaprine component, there is no evidence to support the use of topical Cyclobenzaprine, and the addition of Cyclobenzaprine to other agents is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, medical records reviewed did not show failure of or intolerance to oral formulations. Moreover, Flurbiprofen, tramadol and cyclobenzaprine are not recommended for topical use. Lastly, the present request as submitted failed to specify the duration and frequency of the topical medication to be evaluated. Therefore, the request for Flubi 20 percent/ Trama 20 percent/ Cycloben 4 percent Cream is not medically necessary.