

Case Number:	CM14-0066677		
Date Assigned:	07/11/2014	Date of Injury:	08/14/2009
Decision Date:	08/18/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/12/2014

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 claimant was injured on 08/14/09. Topical medications are under review. He reportedly was injured when his truck shifted and he was knocked into the steering wheel. He has had medications, physical therapy, a back brace, and facet blocks in 2010. He was evaluated recently and had pain at level 8/10. He had decreased range of motion and positive straight leg raise tests. Compound medications were prescribed. He was taking anti-inflammatories and Gabapentin orally. On 03/04/14, he complained of constant severe low back pain and bilateral moderate knee pain. He had depression and anxiety. He was using a cane. He had bilateral McMurray's. He was also diagnosed with mild left ventricular hypertrophy. On 04/22/14, he had constant dull, achy, sharp, level 7/10 pain in his low back with stiffness. He still had knee pain. His physical examination was unchanged and he was to continue aquatic therapy and LINT sessions. Topical medications were recommended on 04/04/14. He had an MRI of the low back on 08/26/13. There are multilevel findings with disc dehiscence and tears of the discs at L1-2 through L5-S1. On 12/02/13, the claimant was taking Norco, Tizanidine, Omeprazole and using combination cream that included Flurbiprofen, Tramadol, Gabapentin, Amitriptyline, and Dextromethorphan. He stated the meds and creams were working well. The diagnosis was lumbar muscle spasm and lumbar sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/ Tramadol 20% in medium base. 2. Gabapentin 10%
Dextromethorphan 10%/ Amitriptyline 10% 240 GM., Flurbiprofen 20%/ Tramadol 20%
in dose 2. Gabapentin 10:** 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): 143-144.

Decision rationale: The MTUS state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no evidence of failure of all other first line drugs. The claimant was also prescribed anti-inflammatory medication and gabapentin by mouth and no intolerable side effects or lack of effect was noted. The notes indicate that oral and topical medications helped. Topical tramadol and amitriptyline are not recommended by the MTUS for topical use. It is not clear what objective measurable or functional improvement was noted or expected based on the use of these topical agents. Therefore, the request for Flurbiprofen 20%/ Tramadol 20% in medium base. 2. Gabapentin 10% Dextromethorphan 10%/ Amitriptyline 10% 240 GM., Flurbiprofen 20%/ Tramadol 20% in dose 2. Gabapentin 10 is not medically necessary and appropriate.