

<b>Case Number:</b>	CM14-0067246		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 33 year-old with a date of injury of 09/04/09. The only progress report included for review, dated 04/23/14, identified subjective complaints of breathlessness and sputum production. Also noted was tinnitus and vertigo. Objective findings included scarring of the right tympanic membrane. No other systems findings including respiratory were documented. A 2009 report is referenced noting the diagnosis of obstructive sleep apnea. Diagnoses included tinnitus and vertigo. Treatment had included topical analgesics and inhaled bronchodilators. A Utilization Review determination was rendered on 05/05/14 recommending non-certification of "Topical Cream (Flurbiprofen 20% and Tramadol 20%), 240gms; Topical Cream (Gabapentin 10%, Amitriptyline 10% and Dextromethorphan 10%) 240gms; 4 month supply of Continuous Positive Airway Pressure (CPAP) Mask, Tubing, Filter and Nasal Pad; and Hand-held Nebulizer".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Cream (Flurbiprofen 20% and Tramadol 20%), 240gms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they 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." Flurbiprofen 20% is an NSAID being used as a topical analgesic. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and of short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). In neuropathic pain, they are not recommended as there is no evidence to support their use. The Official Disability Guidelines (ODG) also does not recommend them for widespread musculoskeletal pain. The only FDA approved topical NSAID is diclofenac. Tramadol 20% is an opioid analgesic being used as a topical agent. The efficacy of topical tramadol is not specifically addressed in the MTUS or the Official Disability Guidelines (ODG). There is some data that topical tramadol has efficacy directly at an acute postsurgical site. However, there is insufficient data to assure that significant systemic absorption does not occur. Lacking definitive data on the efficacy of topical tramadol, the medical record does not document neuropathic pain that has failed antidepressant or anticonvulsant therapy or other compelling reason for its use. There are no documentation for the medical necessity for topical tramadol or flurbiprofen. Therefore, the request is not medically necessary.

**Topical Cream (Gabapentin 10%, Amitriptyline 10% and Dextromethorphan 10%)  
240gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics Other Medical Treatment Guideline or Medical Evidence: Clin J Pain. 2008 Jan; 24(1):51-5.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they 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". Neither the MTUS nor the Official Disability Guidelines (ODG) specifically addresses the use of amitriptyline as a topical agent. A randomized, placebo-controlled crossover study examined

topical 5% amitriptyline with 5% lidocaine topical in patients with neuropathic pain. The study found that topical amitriptyline was not effective. Gabapentin is an anti-epilepsy drug. The MTUS Guidelines state that gabapentin is: "Not recommended. There is no peer-reviewed literature to support use." The Guidelines state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Likewise, in this case, there are no documentation of the failure of conventional therapy or documented functional improvement from amitriptyline or gabapentin topical. Therefore, the request is not medically necessary.

**4 months supply of Continuous Positive Airway Pressure (CPAP) Mask, Tubing, Filter and Nasal Pad: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Pulmonary Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Noninvasive positive pressure ventilation (NPPV).

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not address CPAP devices. The Official Disability Guidelines note that positive pressure ventilation may be useful as an adjunct in patients with severe COPD as part of a pulmonary rehabilitation program. It is not recommended in stable patients. CPAP has been shown to be effective in the treatment of obstructive sleep apnea. In this case, the record does not document the current diagnosis or any associated signs or symptoms of sleep apnea. Therefore, the record does not document the medical necessity for a CPAP unit. The request is not medically necessary.

**Hand-held Nebulizer: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Knee and Leg Chapter, Durable Medical Equipment (DME); Antonescu-Turu A, Parthasarathy S, CPAP and bi-level PAP therapy: new and established roles, Respiratory Care 2010;55(9):1216-29.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Asthma Medications Other Medical Treatment Guideline or Medical Evidence: UpToDate: Delivery of Inhaled Medications in Adults.

**Decision rationale:** Neither the Medical Treatment Utilization Schedule (MTUS) nor the Official Disability Guidelines (ODG) address the use of a nebulizer for delivery of bronchodilators. Authoritative sources do not indicate an advantage to nebulized treatment versus metered dose inhalers (MDIs) or dry powder inhalers (DPIs). In this case, the record does

not document current signs or symptoms for the need for bronchodilators via a nebulizer.  
Therefore, the request is not medically necessary.