

Case Number:	CM14-0069303		
Date Assigned:	07/14/2014	Date of Injury:	04/17/2012
Decision Date:	09/16/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/14/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 is a 48-year-old man who had a reported date of injury on April 17, 2012. He had a prior workman's comp claim, secondary to stress; but he was assaulted in 2012. In discussing the assault, on 4 different occasions with various providers; he became very emotional, comparing the assault to the times he had to contain his brother, who was schizophrenic. Apparently as a result of the assault, he developed bilateral shoulder pain and some sleep issues. Various medications he has taken include: Omeprazole 20 mg, ibuprofen 800 mg, tramadol 50 mg, hydrocodone 10/325 mg, Flexeril, Naprosyn 550 mg, and risperidone 1 mg. There is no discussion indicating which therapies he has tried. He did undergo an evaluation of both shoulders which measured the space between the glenohumeral joints and both were read as normal. At some point an MRI of the hand was requested, though the results are not in the chart. There is a request that a compounded analgesic medication be covered, for his bilateral shoulder and lumbar pain. The medications in this compounded cream include: Flurbiprofen, Tramadol, Gabapentin, dextromethorphan, and amitriptyline, all in a mediderm base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Cream - 240 Grams Flurbiprofen-Flurbiprofen 20% / Tramadol in Mediderm Base 240 Grams Gabapentin-Gabapentin 10% Dextromethorphan 10% / Amitriptyline 10% in Mediderm Base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatments, Topical Analgesics Page(s): 111, 112 out of 127.

Decision rationale: Many agents are compounded as mono therapy or in combination for pain control (including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, antidepressants, etc.). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended should not be recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Flurbiprofen is an anti-inflammatory (NSAID). Short term usage of topical NSAIDS, such as Voltaren, have been shown to have some benefit to specific areas such as the knee, elbow or other joints amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Secondly, Gabapentin and other anti-epilepsy drugs are not recommended for topical usage because there is no peer-reviewed literature to support their use. The requested compounded topical analgesic to be used on the lumbar spine and bilateral shoulders, contain both an anti-inflammatory and gabapentin. For the reasons mentioned above this compounded topical cream is not medically necessary.