

Case Number:	CM14-0070779		
Date Assigned:	07/14/2014	Date of Injury:	02/22/2011
Decision Date:	08/29/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 49-year-old female with a reported date of injury on 02/12/2011. The mechanism of injury was reported as a slip and fall. The X-rays of the right upper extremity revealed no fractures. Nerve Conduction Study results were not provided within the documentation submitted for review and previous conservative care included Physical Therapy. Upon physical examination, the cervical spine revealed extension to 45 degrees right and left rotation to 40 degrees with negative compression. The shoulder examination revealed forward flexion to 170 degrees, abduction to 170 degrees, external rotation to 80 degrees, and internal rotation to 80 degrees; abduction strength was rated 5/5 bilaterally. Previous surgical history included Cubital Tunnel Release of the right elbow on 02/02/2011. The injured worker's diagnoses included Right Elbow Pain, Right Shoulder Pain, and Cervical Myositis. The injured worker's medication regimen included Lisinopril, Pain Medication, and Muscle Relaxants. The rationale for the request was not provided within the documentation available for review. The request for authorization for Compound Cream: Flurbi 20%/Trama 20%/ Cyclo 4%/ Gaba 10%/ Amitrip 10%/ Dextro 10% was submitted on 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Flurbi 20%/Trama 20%/ Cyclo 4%/ Gaba 10%/ Amitrip 10%/ Dextro 10%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand (Acute & Chronic), Acupuncture and Pain (Chronic).

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

Decision rationale: The California MTUS Guidelines recommend Topical Analgesics as an option, although largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. 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. Flurbi is a non-steroidal anti-inflammatory agent and the effectiveness in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first line oral analgesic. Cyclobenzaprine is a muscle relaxant and there is no evidence for use of any other muscle relaxant as a topical product. In addition, Gabapentin is not recommended as well as Amitriptyline which is an antidepressant. Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs are recommended for short term treatment Tramadol, Cyclobenzaprine, and Gabapentin are not recommended. In addition, the request as submitted failed to provide frequency and specific site at which the topical analgesic was to be applied. Therefore, the request for Compound Cream: Flurbi 20%/Trama 20%/Cyclo 4%/Gaba 10%/Amitrip 10%/Dextro 10% is not medically necessary.