

Case Number:	CM14-0073754		
Date Assigned:	07/16/2014	Date of Injury:	08/18/2011
Decision Date:	09/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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 male injured on 08/18/11 while performing his usual and customary job duties; he slipped while walking on a scaffold, twisting the right ankle and requiring surgical intervention. His diagnoses include status post right ankle surgery and right ankle and foot strain/sprain. The clinical note dated 03/07/14 indicated the injured worker presented complaining of intermittent pain in the right ankle, rated at 7/10, worsened by activities of daily living and relieved by rest, physical therapy, and medication. Physical examination of the ankle revealed tenderness on palpation of the ankle capsule, drawer sign positive, grade 1 muscle weakness in the right ankle in all planes, deep tendon reflexes intact, and decreased range of motion. The clinical note dated 03/24/14 indicated the injured worker presented complaining of difficulty walking while on vacation secondary to increased pain. The injured worker also reported improved sleeping secondary to use of Continuous Positive Airway Pressure therapy (CPAP). The injured worker reported medications and topical creams working well for pain management. Medications included Tramadol, Ibuprofen, Flexeril, Omeprazole, and topical analgesics. Physical assessment revealed right ankle decreased range of motion with pain. The initial request for 240 grams of Flurbiprofen (Flurbiprofen 20 percent, Tramadol 20 percent mediderm base) and Gabapentin (Gabapentin/Dextromethorphan /Amitriptyline 10/10/10 percent mediderm base) was initially noncertified on 04/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gm Flurbiprofen (Flurbiprofen 20%, Tramadol 20% in Mediderm Base): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Medication Compound Drugs.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, the California Medical Treatment Utilization Schedule (MTUS), the Food and Drug Administration, and the Official Disability Guidelines all require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, Flurbiprofen 240 gram (Flurbiprofen 20 percent/ Tramadol 20 percent in mediderm base) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Gabapentin (Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10%, in Mediderm Base): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Medication Compound Drugs.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Gabapentin (Gabapentin/ Dextromethorphan/ Amitriptyline 10/10/10 percent in Mediderm Base) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.