

Case Number:	CM14-0075748		
Date Assigned:	07/16/2014	Date of Injury:	11/12/2013
Decision Date:	10/20/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 and 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 patient is a 38 year old female who was injured on 11/12/2013 when she was carrying boxes and a bag of mocha and felt left arm/wrist pain all day. Progress note dated 04/04/2014 states the patient presented with complaints of cervical spine pain rated as 8/10; thoracic spine pain rated as 8/10 and lumbar spine pain rated as 7/10. She reported her pain is constant and tender to palpation. On exam, there is tenderness to palpation over the paravertebral muscles, left greater than right. She is diagnosed with cervical spine strain/sprain; thoracic spine strain/sprain; lumbar spine sprain/strain. The patient was recommended topical analgesics. Prior utilization review dated 05/06/2014 states the requests for Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% cream and Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4% cream is denied based on evidence submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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 compounded cream requested includes three agents for which there are no data to support their application peripherally. Amitriptyline affects serotonin and norepinephrine transmission, both neurotransmitters present in the dorsal horn of the spinal cord. Gabapentin similarly affects calcium channels at the level of the spinal cord. Dextromethorphan affects NMDA receptors, but its effects are very short lived and its role in pain management is not well established. Based on the mechanisms of action alone, these agents are not medically indicated. The MTUS guidelines further considers such compounded agents as experimental and without data to support their use. These guidelines also indicate the lack of indication for any one agent (or in this case all of the agents) renders the compounded formula not indicated. Based on these guidelines and criteria as well as the clinical pharmacology of the agents as stated above, the request is not medically necessary.

Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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), Topical Analgesics

Decision rationale: The compounded cream requested includes two agents for which there are no data to support their application peripherally. Cyclobenzaprine is an agent for which the exact mechanism is unknown, though its molecular configuration is similar to the tricyclic class of medications. Tramadol affects mu opioid receptors and norepinephrine transmission, exerting their effects primarily in the central nervous system. There is no evidence that either of these agents has any effect in the subcutaneous tissues. Based on the mechanisms of action alone, these agents are not medically indicated. The MTUS guidelines further consider such compounded agents as experimental and without data to support their use. These guidelines also indicate the lack of indication for any one agent (or in this case two of the agents) renders the compounded formula not indicated. Based on these guidelines and criteria as well as the clinical pharmacology of the agents as stated above, the request is not medically necessary.