

Case Number:	CM14-0077022		
Date Assigned:	07/18/2014	Date of Injury:	02/06/2007
Decision Date:	08/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of February 6, 2007. A utilization review determination dated May 5, 2014 recommends non-certification of Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20% Ultraderm, and Diclofenac 10% with Flurbiprofen 25% Ultraderm. A progress note dated April 8, 2014 identifies subjective complaints of right shoulder and right knee pain. The patient reports improvement of right shoulder pain following a cortisone and lidocaine injection. The patient has continued pain with use of the arm, and the patient reports she is unable to walk due to her knee pain. There is documentation that the patient has had prior arthroscopic surgeries for debridement of the right knee, is currently a candidate for a right total knee arthroplasty, and is awaiting authorization for the right knee arthroplasty. There is no physical examination available for review. Diagnoses include right shoulder subacromial tendinitis and right knee advanced osteoarthritis. The treatment plan recommends awaiting authorization for the right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 4% Dextromethorphan 10% Tramadol 20% Ultraderm with DOS 2/15/12:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127 Page(s): 111-113 OF 127.

Decision rationale: The MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Compounded topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, no peer reviewed medical literature was provided to support the use of topical Tramadol or Dextromethorphan in the treatment of any of shoulder or knee pain. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of Amitriptyline 4%, Dextromethorphan 10%, and Tramadol 20%/Ultraderm. In the absence of clarity, the current request is not medically necessary.

Diclofenac 10% Flurbiprofen 25%/Ultraderm with DOS 2/15/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127 Page(s): 111-113 OF 127.

Decision rationale: The MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, Guidelines state that the efficacy 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 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more support in the MTUS Chronic Pain Guidelines compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. In the absence of clarity regarding those issues, the currently requested topical compound combination is not medically necessary.