

Case Number:	CM14-0080223		
Date Assigned:	07/18/2014	Date of Injury:	10/07/2010
Decision Date:	10/01/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 an injured worker with cervical strain, degenerative changes of the cervical spine, right shoulder rotator cuff partial tear status post arthroscopic surgery, right lateral epicondylitis, right De Quervain tendinitis, right carpal tunnel syndrome, and left carpal tunnel syndrome. Date of injury was 10-07-2010. Progress report dated 2/28/14 documented subjective complaints of right shoulder pain and right wrist pain. Objective findings were documented. There is no bruising, swelling, atrophy, or lesion present at the right shoulder. There is no bruising, swelling, atrophy, or lesion present at the right wrist. Medications included Naproxen and Hydrocodone/APAP 10/325 mg. Orthopedic panel qualified medical evaluation (QME) dated 3/31/14 documented the diagnoses of cervical strain, degenerative changes of the cervical spine, right shoulder rotator cuff partial tear status post arthroscopic surgery 11/14/12, right lateral epicondylitis, right De Quervain tendinitis, right carpal tunnel syndrome, and left carpal tunnel syndrome. Utilization review determination date was 4/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Tramadol/Acetyl-L, #90: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Mayo Clinic Proceedings article titled Topical Analgesics in the Management of Acute and Chronic Pain (2013) describes the results of a systematic review of the efficacy of topical analgesics in the management of acute and chronic pain conditions, and concluded that limited evidence is available to support the use of other topical analgesics in acute and chronic pain. There are no randomized controlled trials that support the use of topical Tramadol. Therefore, the request for CMPD Tramadol/Acetyl-L- Day Supply: 30 Qty: 90 Refills: 00 is not medically necessary.

CMPD-Baclofen/Acetyl-L/Flurbiprofen, #90: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 is not recommended. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. MTUS guidelines do not support the use of compounded topical analgesics containing Baclofen. Therefore, the request for CMPD-Baclofen/Acetyl-L/Flurbiprofen, #90 is not medically necessary.