

Case Number:	CM14-0083739		
Date Assigned:	07/21/2014	Date of Injury:	07/30/2012
Decision Date:	10/14/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 records presented for review indicate that this 47 year-old individual was reportedly injured on July 30, 2012. The mechanism of injury is noted as falling from a fence when trying to get away from a dog that was chasing him. The most recent progress note, dated April 10, 2014 indicates that there are ongoing complaints of the neck, thoracic and lumbar spine, bilateral shoulders, right foot, right to, and depression. The physical examination demonstrated an antalgic gait, tenderness in the bilateral shoulders, and trapezius, impingement testing was positive on the right shoulder. Shoulder range of motion was abnormal. Severe cervical paraspinal tenderness at C3-C4 and C5-C6 with muscle guarding and spasms on the right is present. Tenderness at the facet joints of the bilateral neck and trapezius is noted. Distraction test is positive bilaterally. Tramadol compression testing reveals pain bilaterally. Range of motion is limited due to pain. The lumbar spine exam reveals positive. Valsalva, Kemps, and Patrick-Fabere testing. Seated straight leg raise is positive bilaterally. Moderate paraspinal tenderness and muscle guarding with spasm of the lumbar spine is noted as well as tenderness at the facet joints bilaterally. Tenderness is present at the sciatic notch is bilaterally, and range of motion is restricted. Diagnostic imaging studies objectified, a small central left-sided paracentral disc protrusion at C3-C4 with congenitally small canal causing moderate superimpose spinal canal stenosis, and C3-C4 mild right/moderate to severe left neural foraminal stenosis secondary to facet arthropathy at C4-C5. A small broad-based posterior disc protrusion and facet arthropathy with a congenitally small canal, causing mild to moderate spinal canal stenosis and right sided moderate left neural foraminal stenosis. Previous treatment includes pharmacological management including soma and Norco as noted on a progress report dated April 10, 2014. Additionally, prior treatment has included physical therapy, activity modifications, and a tens

unit. A retrospective request had been made for 2 topical compound creams and was non-certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/ Gabapentin/ Menthol/ Camphor/ Ultraderm base cream: Upheld

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

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

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". This compounded medication contains Tramadol, and the antiepileptic medication, Gabapentin, which are not supported by the MTUS guidelines for topical administration. Additionally, according to the MTUS, the topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, which has not been documented in the medical record. As such, this request is not considered medically necessary.

Flurbiprofen/ Lidocaine/ Amitriptyline HCL/ Ultraderm base cream: Upheld

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

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

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". This compounded medication contains Flurbiprofen, and the tricyclic antidepressant, Amitriptyline. These medications are not supported by the MTUS guidelines for topical administration. Additionally, according to the MTUS, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, which has not been documented in the medical record. As such, this request is not considered medically necessary.