

Case Number:	CM14-0085904		
Date Assigned:	07/23/2014	Date of Injury:	03/20/2014
Decision Date:	09/09/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/09/2014

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 injured worker is a 42 year-old female who was reportedly injured on 3/20/2014. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 4/18/2014 indicates that there are ongoing complaints of neck pain. The physical examination demonstrated cervical spine: range of motion forward flexion 40, extension 40 and rotation right side 85, rotation left side 85, right lateral flexion 18, and left lateral flexion 20. Mild spasm of splenius capitus and cervicis and bilateral upper trapezius. Upper extremity deep tendon reflexes 2+. Bilateral upper extremity motor 5/5. No recent diagnostic studies are available for review. Previous treatment includes medication and conservative treatment. A request had been made for topical compound cream medications - Flurbiprofen 20% / Tramadol 20% in Mediderm base, Gabapentin 10% / Dextromethorphan 10% / Amitriptyline 10% in Mediderm Base and was not certified in the pre-authorization process on 5/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cream Medications - Flurbiprofen 20% / Tramadol 20% in Mediderm Base: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". As such, this request is not considered medically necessary.

Topical Compound Cream Medications - Gabapentin 10% / Dextromethorphan 10% / Amitriptyline 10% in Mediderm Base (30grams): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California Medical Treatment Utilization Schedule 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". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.