

Case Number:	CM14-0088173		
Date Assigned:	07/23/2014	Date of Injury:	08/16/2013
Decision Date:	09/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology has a subspecialty in Pain 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 injured worker is a 35-year-old male injured on 08/16/13 due to undisclosed mechanism of injury. Diagnoses included neuralgia, neuritis, and radiculitis. The injured worker consistently complained of constant thoracic spine, lumbar spine pain, and left shoulder pain rated between 6-7/10 increased with standing, sitting, and walking greater than 20 minutes. The injured worker denied radiation of pain. Objective findings revealed thoracic and lumbar paravertebral tenderness and decreased range of motion with pain. Clinical note dated 05/06/14 indicated the injured worker presented complaining of intermittent mild to moderate thoracic spine, lumbar spine, and left shoulder pain rated 6/10 with associated numbness and tingling of the left hip and thigh. The injured worker reported pain decreased to 4/10 with medication. Medications included Menthoderm, cyclobenzaprine, naproxen, hydrocodone/acetaminophen, omeprazole. The initial request was not medically necessary on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Trama/Cyclo 20/20/4 % 210gm between 3/18/2014 and 3/18/2014: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. All components of this compound have yet to be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Flurbi/Trama/Cyclo 20/20/4 % 210gm between 3/18/2014 and 3/18/2014 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines therefore, this request is not medically necessary.

Amitrip/Dextro/Gaba 10/10/1-% 210gm between 3/18/2014 and 3/18/2014: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. All components of this compound have yet to be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Amitrip/Dextro/Gaba 10/10/1-% 210gm between 3/18/2014 and 3/18/2014 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines therefore, this request is not medically necessary.