

Case Number:	CM14-0098955		
Date Assigned:	07/28/2014	Date of Injury:	03/14/2012
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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 Occupational 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:

This is a 43-year-old female with a 3/14/12 date of injury. The mechanism of injury was when she fell and injured her knees and low back. According to a 5/8/14 progress note, the patient complained of abdominal pain, reflux, and constipation with medication. She noted unchanged occipital headaches in frequency and intensity. She complained of worsening left upper extremity pain rated 8/10. The Objective findings: +1 tenderness to palpation over the epigastric region and left upper abdominal quadrant, positive Tinel and Phalen's sign on patient's left hand, +2 bilateral radial pulses, decreased sensation in the left hand/fingers, extreme tenderness to palpation across the cervical, thoracic, and lumbar spine, perispinal spasms noted in the lumbar and cervical spine, decreased range of motion across all planes. Diagnostic impression: abdominal pain; Gastrophathy, secondary to NSAIDs; cervical disc syndrome; left elbow lateral epicondylitis; left elbow ulnar nerve compression; left wrist carpal tunnel syndrome; low back syndrome. Treatment to date: medication management, activity modification. A UR decision dated 6/11/14 denied the requests for Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% topical cream and Flurbiprofen 20%, Tramadol 20% topical cream. There is a lack of evidence-based literature supporting the topical 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% topical cream 240 g.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25, 28, 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of gabapentin in a topical formulation. A specific rationale identifying why this product was required for this patient despite lack of guideline support was not provided. Therefore, the request for one (1) prescription of Gabapentin 10%, Amitriptyline 10%, and Dextromethorphan 10% topical cream 240 g. is not medically necessary.

Prospective request for one (1) prescription of Flurbiprofen 20%, Tramadol 20% topical cream 240 g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25, 28, 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and tramadol are not supported by guidelines for topical use. A specific rationale identifying why this product was required for this patient despite lack of guideline support was not provided. Therefore, the request for one (1) prescription of Flurbiprofen 20%, Tramadol 20% topical cream 240 g is not medically necessary.