

Case Number:	CM14-0099990		
Date Assigned:	07/28/2014	Date of Injury:	06/12/2012
Decision Date:	11/10/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family Medicine and is licensed to practice in Arizona. 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 a 59 year old female with a date of injury on 6/12/12. The medical records were reviewed. The diagnoses include lumbar sprain, thoracic sprain, shoulder sprain, cervical disc displacement, carpal tunnel syndrome, forearm joint pain, knee sprain, and neck sprain. Subjective complaints are of cervical and lumbar pain rated 8/10, bilateral shoulder pain rated 7/10, and bilateral wrist pain rated 6/10. Physical exam shows paraspinal muscle tenderness. The requests are for compounded topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Amitriptyline/Dextrometh 10%/10%/10% 210 gm (transdermal cream compound): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Transdermal Medications, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Compounded Transdermal Medications, topical analgesics

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines Gabapentin, Amitriptyline, and Dextromethorphan. The guidelines do not recommend topical Gabapentin or Amitriptyline as no peer-reviewed literature supports their use. Therefore, the use of this compounded medication is not consistent with guideline recommendations and the medical necessity is not established.

Cyclo/Flurbiprofen/Tram 4%/20%/20% 210 gm (transdermal cream compound):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Transdermal Medications, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Compounded Transdermal Medications, topical analgesics

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines Flurbiprofen, Cyclobenzaprine, and Tramadol. The guidelines do not recommend topical Tramadol or Cyclobenzaprine as no peer-reviewed literature supports their use. Therefore, the use of this compounded medication is not consistent with guideline recommendations and the medical necessity is not established.