

Case Number:	CM14-0105744		
Date Assigned:	07/30/2014	Date of Injury:	01/06/2013
Decision Date:	04/14/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

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 51 year old female, who sustained an industrial injury on 1/6/13. She has reported right wrist injury. The diagnoses have included finger/thumb injury. Treatment to date has included medications. There were no other treatments noted. Currently, as per the physician progress note dated 3/28/14, the injured worker complains of constant moderate dull, sharp, stabbing right wrist pain, with heaviness and cramping. She also complains of occasional to constant moderate stabbing, throbbing, right hand/thumb pain, stiffness, tingling and cramping radiating to wrist, arm and shoulder. The physical exam revealed height 4 feet 1 inch, weight 105 pounds right hand dominant. There was no bruising, swelling, atrophy or lesion present at the right wrist. There were no previous surgeries, diagnostics or therapies noted. Treatment plan was to request Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% mediderm base 210g #1 and Flurbiprofen 20% Tramadol 20% mediderm base 210g #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% mediderm base 210g #1:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per CA MTUS topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, Gabapentin and Amitriptyline are not recommended as a topical agents per CA MTUS Guidelines. There is no peer-reviewed literature to support their use. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Flurbiprofen 20% Tramadol 20% mediderm base 210g #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per CA MTUS topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, Tramadol is not recommended as a topical agent per CA MTUS Guidelines. There is no peer-reviewed literature to support its use. Medical necessity for the requested item has not been established. The requested item is not medically necessary.