

Case Number:	CM14-0119369		
Date Assigned:	08/06/2014	Date of Injury:	08/22/2013
Decision Date:	01/27/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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 Emergency 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, who sustained an injury on August 22, 2013. The mechanism of injury occurred from repetitive heavy lifting. Treatments have included: medications. The current diagnoses are: lumbar strain/sprain with radiculopathy. The stated purpose of the request for compounded topical medications was not noted. The request for compounded topical medications was denied on June 26, 2014, citing a lack of documentation of guideline-support for these topical medications. Per the report dated June 25, 2014, the treating physician noted complaints of low back pain. Exam shows decreased lumbar range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Grams of Compound Cream-Flurbiprofen 20%/Tramadol 20 in Mediderm Base:
Upheld

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

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

Decision rationale: The requested 0 Grams of Compound Cream-Flurbiprofen 20%/Tramadol 20 in Mediderm Base, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain. The treating physician has documented decreased lumbar range of motion, positive straight leg raising tests. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, 0 Grams of Compound Cream-Flurbiprofen 20%/Tramadol 20 in Mediderm Base is not medically necessary.

30 Grams of Compound Cream-Gabapentin 10%/ Dextromethrophan 10%/ Amitriptyline 10% in Mediderm Base: Upheld

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

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

Decision rationale: The requested 30 Grams of Compound Cream-Gabapentin 10%/ Dextromethrophan 10%/ Amitriptyline 10% in Mediderm Base is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009. Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has low back pain. The treating physician has documented decreased lumbar range of motion, positive straight leg raising tests. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, 30 Grams of Compound Cream-Gabapentin 10%/ Dextromethrophan 10%/ Amitriptyline 10% in Mediderm Base is not medically necessary.

240 Grams of Compound Cream- Flurbiprofen 20%/Tramadol 20% I n Mediderm Base: Upheld

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

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

Decision rationale: The requested 240 Grams of Compound Cream- Flurbiprofen 20%/Tramadol 20% I n Mediderm Base, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics,

do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants" The injured worker has low back pain. The treating physician has documented decreased lumbar range of motion, positive straight leg raising tests. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, 240 Grams of Compound Cream- Flurbiprofen 20%/Tramadol 20% In Mediderm Base is not medically necessary.

240 Grams of Compound Cream-Gabapentin 10%/ Dextromethorphan10%/ Amitriptyline 10 % in Mediderm Base: Upheld

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

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

Decision rationale: The requested 240 Grams of Compound Cream-Gabapentin 10%/ Dextromethorphan10%/ Amitriptyline 10 % in Mediderm Base is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has low back pain. The treating physician has documented decreased lumbar range of motion, positive straight leg raising tests. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, 240 Grams of Compound Cream-Gabapentin 10%/ Dextromethorphan10%/ Amitriptyline 10 % in Mediderm Base is not medically necessary..