

Case Number:	CM14-0124254		
Date Assigned:	09/25/2014	Date of Injury:	04/04/2013
Decision Date:	01/05/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/06/2014

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 Orthopedic Surgery 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 46-year-old female with a 4/4/13 date of injury. She was injured when she was pulling parts of glass from a machine. According to a progress report dated 6/24/14, the patient complained of left elbow pain. Objective findings: scar over lateral elbows. Diagnostic impression: left elbow pain, tendinitis. Treatment to date: medication management, activity modification, acupuncture, and chiropractic treatment. A UR decision dated 7/9/14 denied the requests for compound cream: flurbiprofen/tramadol and naproxen. Regarding compound cream, there are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested topical cream in this claimant's clinical scenario. Regarding naproxen, the guidelines do not support long-term utilization of non-steroidal anti-inflammatory drugs (NSAIDS) typically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compounded cream: flurbiprofen 25%, Tramadol 15%, qty unspecified, DOS 06/27/2014: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (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. However, guidelines do not support the use of flurbiprofen or tramadol in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Retrospective request for compounded cream: flurbiprofen 25%, Tramadol 15%, qty unspecified, DOS 06/27/2014 was not medically necessary.

Retrospective request for Naproxen 550mg, qty 60, DOS 06/27/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the reports reviewed, there is no documentation of significant pain relief or functional gains from the use of this NSAID. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. Therefore, the request for Retrospective request for Naproxen 550mg, qty 60, DOS 06/27/2014 was not medically necessary.