

Case Number:	CM14-0173493		
Date Assigned:	10/24/2014	Date of Injury:	08/19/2014
Decision Date:	03/27/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female who reported an injury on 08/19/2014. The mechanism of injury was not provided. Her diagnoses were noted as anxiety, cervical spine and lumbar spine pain, lumbar spine radiculopathy and impingement syndrome. Her past treatments were noted to include medication, topical analgesics, chiropractic therapy, acupuncture therapy, and activity modification. Her diagnostic studies and surgical history were not provided. During the assessment on 09/05/2014, the injured worker complained of bilateral hand and wrist pain with weakness. She also indicated that she was having pain in the bilateral shoulders to her cervical spine. She reported the pain in the lumbar spine was more on the left side with pressure, with tingling in the bilateral legs. The physical examination performed during the assessment was not provided. Her medications were noted to include tramadol HCL, naproxen sodium, and pantoprazole, and topical creams. The treatment plan and rationale for the request was not provided. The Request for Authorization form was not submitted for review.

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 %: Upheld

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

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

Decision rationale: The request for gabapentin 10% /dextromethorphan 10% / amitriptyline 10% is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug, or drug class, that is not recommended is not recommended. The requested topical analgesic was noted to include gabapentin. Topical gabapentin is not recommended by the guidelines, as there is no evidence to support the use of topical muscle relaxants. There was a lack of adequate documentation regarding the failure of antidepressants and anticonvulsants. Additionally, the application site for the proposed medication was not provided. Moreover, as the compound cream contains 1 or more drugs that are not recommended by the guidelines at this time, the compound is also not supported. Given the above, the request is not medically necessary.

Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4%: Upheld

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

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

Decision rationale: The request for flurbiprofen 20% / tramadol 20% / cyclobenzaprine 4% is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug, or drug class, that is not recommended is not recommended. The requested compound medication was noted to include flurbiprofen, tramadol, and cyclobenzaprine. In regard to flurbiprofen, the guidelines state there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The use of topical NSAIDs is not recommended for neuropathic pain, as there is no evidence to support the use. In regard to topical cyclobenzaprine, topical muscle relaxants are not recommended, as there is no evidence for use of any other muscle relaxant as a topical product. There was a lack of adequate documentation regarding failure of antidepressants and anticonvulsants. There was no documentation indicating the injured worker had osteoarthritis to a joint amenable to topical treatment to justify the need for topical NSAIDs. Additionally, the application site for the proposed medication was also not provided. Moreover, as the compound contains one or more drugs that are not recommended by the guidelines at this time, the compound is also not supported. Given the above, the request is not medically necessary.

