

Case Number:	CM14-0184815		
Date Assigned:	11/12/2014	Date of Injury:	09/01/2005
Decision Date:	03/17/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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, Indiana, 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 47 year old male with an industrial injury dated 09/01/2005. The mechanism of injury is documented as injury to the right knee and low back due to repetitive bending, stooping, squatting, heavy lifting and carrying. In 2009 the injured worker noted the development of acid reflux, abdominal pain and constipation. In 2011 he was diagnosed with stomach ulcers and placed on Omeprazole which he continues to use. He stated he was having palpitations and bright red blood from rectum. Diagnoses included status post lateral meniscus repair, Chondromalacia and chondroplasty of the patella, right knee; secondary overuse syndrome of the left knee with residual medial meniscus tear, lumbar herniated nucleus pulposus at lumbar 3-4 and lumbar 4-5 with degeneration and herniated discs, status post lumbar 3-4 and lumbar 4-5 decompression and fusion on 07/05/2011, depression and anxiety, status post hardware removal at lumbar 3-4 and lumbar 4-5 with solid fusion and cardiac trigeminy. Prior treatments included right knee arthroscopy (2009), revision right knee arthroscopy (2010) and lumbar laminectomy and fusion (2011). Other treatments include post-operative physical therapy, pain medications and anti-inflammatory medications. In 2011 he was evaluated by a psychiatrist whom he continues to see. In 2013 he underwent lumbar spine decompression and hardware removal. On 10/14/2014 utilization review non-certified the request for Flurbiprofen 20%, Tramadol 20%, Gabapentin 10%, Amitriptyline 10% and Dextromethorphan 10% 210 GM. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Tramadol 20% Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% 210 GM: 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 based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Flurbiprofen 20% Tramadol 20%, Gabapentin 10%, Amitriptyline 10%, and Dextromethorphan 10% #210 g is not medically necessary. Topical analgesics are largely experimental with few controlled 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 one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. Topical gabapentin is not recommended. In this case, the injured worker's working diagnoses are abdominal pain, history of stomach ulcers; acid reflux; constipation/diarrhea; and bright red blood per rectum. Subjectively, the injured worker's main complaint is gastropathy with abdominal pain, acid reflux, diarrhea, constipation and bright blood per rectum. Objectively, there was no musculoskeletal examination form. There is no documentation as to what anatomical area is to be treated. Any compounded product that contains at least one drug (Flurbiprofen is not FDA approved for topical use and topical gabapentin) that is not recommended is not recommended. Consequently, topical Flurbiprofen 20% Tramadol 20%, Gabapentin 10%, Amitriptyline 10%, and Dextromethorphan 10%. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical Flurbiprofen 20% Tramadol 20%, Gabapentin 10%, Amitriptyline 10%, and Dextromethorphan 10% #210 g is not medically necessary.