

Case Number:	CM14-0189642		
Date Assigned:	11/20/2014	Date of Injury:	12/20/2011
Decision Date:	01/09/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44-year-old male with a date of injury of 12/20/2011. The listed diagnoses are cervical pain, cervical radiculopathy, cervical sprain/strain, thoracic muscle spasm, thoracic pain, thoracic sprain/strain, lumbar sprain/strain, right shoulder muscle spasm, right shoulder pain and right shoulder sprain/strain. According to progress report 10/13/2014, the patient presents with neck, low back, and right shoulder pain. Examination of the cervical spine states patient has occasional moderate sharp pain in the neck that tingles and radiates to the lumbar spine. Examination of the lumbar spine revealed sharp moderate low back pain, stiffness, heaviness, and tingling radiating to the legs and upper back. Examination of the right shoulder revealed occasional moderate dull, sharp, stabbing, throbbing right shoulder pain with a tingling sensation that radiates into the low back. The physician notes "there is no bruising, swelling, atrophy, or lesion present at the cervical, thoracic, lumbar, right shoulder." The physician recommends that the patient continue with medications. Utilization review denied the request on 10/10/2014. Treatment reports from 03/18/2014 through 11/14/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Tramadol 20%/ in Mediderm base 3 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: This patient presents with neck, low back, and right shoulder pain. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration...Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." This patient does not meet the indication for Flurbiprofen and Tramadol is not recommended in any topical formulation. The requested compound topical cream is not medically necessary.

Dextromethorphan 10%/Amitriptyline 10%/ in mediderm base 30 gm: 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 creams Page(s): 111.

Decision rationale: This patient presents with neck, low back, and right shoulder pain. Dextromethorphan is a cough suppressant and Amitriptyline is a tricyclic antidepressant. There is no documentation that the patient has been diagnosed with depression or chronic cough. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Dextromethorphan is not discussed in MTUS for topical application but MTUS specifically states that anti-depressants such as Amitriptyline are not recommended. The requested compound topical cream is not medically necessary.

Flurbiprofen 20%/Tramadol 20% in mediderm base 210 gm: 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 creams Page(s): 111.

Decision rationale: This patient presents with neck, low back, and right shoulder pain. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are

largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration...Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." This patient does not meet the indication for Flurbiprofen and Tramadol is not recommended in any topical formulation. The requested compound topical cream is not medically necessary.

Amitriptyline 10 %/Dexamethorphan 10%/ Gabapentin 10% in mediderm base 210 gm:
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.

Decision rationale: This patient presents with neck, low back, and right shoulder pain. The current request for amitriptyline 10%/ dextromethorphan 10%/gabapentin 10% in Mediderm base 210 g. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin is not recommended as a topical formulation; therefore, the entire compound cream is rendered invalid. The requested compound topical cream is not medically necessary.