

Case Number:	CM14-0190841		
Date Assigned:	11/24/2014	Date of Injury:	05/20/2014
Decision Date:	01/09/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/10/2014

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 New York. 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 69-year-old male who was injured on May 20, 2014. The patient continued to experience pain in right chest and ribs. Physical examination was notable for tenderness over the right costosternal junction. Diagnoses included rib sprain/strain, diaphragmatic paralysis, and insomnia. Treatment included medications. Requests for authorization for Tramadol/Gabapentin/Amitriptyline cream and Flurbiprofen/Tramadol/Camphor/Menthol/Capsaicin were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol 20%/ Gabapentin15%/ Amitriptyline 10% cream base DOS 09/05/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG- Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore,

the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. It is not recommended as a topical medication. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Amitriptyline is a tricyclic antidepressant. Tricyclic antidepressants are considered first line option for neuropathic pain unless they are ineffective, poorly tolerated, or contraindicated. They are not recommended as topical medications. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.

Retrospective request for Flubiprofen 20%/ tramadol 15%/ Menthol 2%/ Camphor 2%; Capsaicin 0.025% 240grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG- Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information; Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain

Decision rationale: Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. It is not recommended as a topical medication. Camphor and menthol are topical skin products that are available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methyl salicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Camphor and menthol are not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case there is no documentation in the medical record that the patient has tried and failed other treatments. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.