MAXIMUS Federal Services

Case Number:	CM14-0192547		
Date Assigned:	11/26/2014	Date of Injury:	10/07/2010
Decision Date:	09/04/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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 (IW) is a 63-year-old female who sustained an industrial injury on 10/07/2010. Diagnoses include unspecified musculoskeletal disorders and symptoms referable to the neck; other unspecified back disorder; cervical neuritis, radiculopathy; pain in the thoracic spine; lumbago; thoracic or lumbosacral neuritis or radiculitis, unspecified; medial epicondylitis of the elbow; injury to the ulnar nerve; carpal tunnel syndrome; and derangement of meniscus, not elsewhere classified. Treatment to date has included medications, physical therapy and home exercise. According to the progress notes dated 2-5-2014, the IW reported her pain level was 1 out of 10; the site of the pain was not specified. Her strength was improved since her last visit. She also reported she was looking for a job. On examination, the cervical spine was tender to palpation. Phalen's sign was positive and Tinel's sign was positive at the bilateral wrists and elbows. Bilateral shoulder ROM (range of motion) was normal. ROM of the thoracic and lumbar spine was abnormal. The paraspinal muscles were tender to palpation bilaterally and straight leg raise was positive bilaterally. McMurray's and Apley's tests were positive on the right side. A request was made for retrospective review for date of service 02-07-14 for Amitriptyline 10%- Dextromethorphan 10%-Gabapentin 10% (transdermal compound) cream 210gms and Flurbiprofen 20%-Tramadol 20% (transdermal compound) cream 210gms. Documentation for date of service 2-7-2014 was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Amitr10%, Dextr10%, Gabap10% (Transdermal Compound) Cream 210gms (DOS: 2/7/14): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Amitriptyline 10%, Dextromethorphan 10%, gabapentin 10% transdermal compound cream #210 g, date of service February 7, 2014 not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are headache; unspecified musculoskeletal disorders and symptoms referable to the neck; other unspecified back disorder; cough; anxiety state, unspecified; cervical neuritis/radiculitis; pay and thoracic spine; lumbago; thoracic or lumbosacral neuritis or radiculitis; medial epicondylitis of elbow; injury ulnar nerve; carpal tunnel syndrome; and derangement meniscus. The date of injury is October 7, 2010. Request for authorization is October 10, 2014. There is no progress note dated February 7, 2014. According to a February 5 progress note, subjectively injured worker has a 1/10 pain scale. The injured worker status post right knee arthroscopy. There are no specific subjective complaints in the record. Objectively, there is tenderness to palpation cervical spine with a positive Phelan's and Tinel's sign. The treatment plan states continue medications. There is no specific entry of the compound cream retrospective amitriptyline 10%, Dextromethorphan 10%, gabapentin 10% transdermal compound cream. There is no documentation demonstrating failed first-line treatment with antidepressants or anticonvulsants. Gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, retrospective Amitriptyline 10%, Dextromethorphan 10%, gabapentin 10% transdermal compound cream is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective Amitriptyline 10%, Dextromethorphan 10%, gabapentin 10% transdermal compound cream #210 g, date of service February 7, 2014 not medically necessary.

Retrospective: Flurb20%, Trama20% (Transdermal Compound) Cream 210gms (DOS: 2/7/14): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Flurbiprofen 20%, Tramadol 20% transdermal compound #210 g, date of service February 7, 2014 not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are headache; unspecified musculoskeletal disorders and symptoms referable to the neck; other unspecified back disorder; cough; anxiety state, unspecified; cervical neuritis/radiculitis; pay and thoracic spine; lumbago; thoracic or lumbosacral neuritis or radiculitis; medial epicondylitis of elbow; injury ulnar nerve; carpal tunnel syndrome; and derangement meniscus. The date of injury is October 7, 2010. Request for authorization is October 10, 2014. There is no progress note dated February 7, 2014. According to a February 5 progress note, subjectively injured worker has a 1/10 pain scale. The injured worker status post right knee arthroscopy. There are no specific subjective complaints in the record. Objectively, there is tenderness to palpation cervical spine with a positive Phelan's and Tinel's sign. The treatment plan states continue medications. There is no specific entry of the compound cream retrospective Flurbiprofen 20%, Tramadol 20% transdermal compound. There is no documentation demonstrating failed first-line treatment with antidepressants or anticonvulsants. Topical Flurbiprofen is not FDA approved for topical use. Flurbiprofen is not recommended. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Consequently, retrospective Flurbiprofen 20%, Tramadol 20% transdermal compound is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective Flurbiprofen 20%, Tramadol 20% transdermal compound #210 g, date of service February 7, 2014 not medically necessary.