

Case Number:	CM14-0198851		
Date Assigned:	12/09/2014	Date of Injury:	12/02/2013
Decision Date:	01/21/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58-year-old man who sustained a work-related injury on December 2, 2013. Subsequently, the patient developed a chronic left knee pain. According to a progress report dated on May 13, 2014 and August 1, 2014, the patient was complaining of ongoing left knee pain. The pain severity was rated 8/10. The patient physical examination demonstrated left knee tenderness with reduced range of motion. The provider requested authorization for topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Tramadol Cream 20/20 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72, 111-113.

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

Decision rationale: The requested topical analgesic is formed by the combination of Flurbiprofen and Tramadol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to

other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Tramadol not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Flurbiprofen Tramadol Cream 20/20 1% is not medically necessary.

Gabapentin Amitrip Dextromet Cream 10/10/10 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The requested topical analgesic is formed by the combination of Gabapentin and Amitriptyline and Dextromet. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Gabapentin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Gabapentin Amitrip Dextromet Cream 10/10/10 1% is not medically necessary.