

Case Number:	CM14-0201217		
Date Assigned:	12/11/2014	Date of Injury:	04/10/2014
Decision Date:	01/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 42-year-old female with a 4/10/14 date of injury. At the time (11/10/14) of request for authorization for Dextromethorphan 10 percent/Amitriptyline 10 percent in Mediderm base 30gm, Gabapentin 10 percent/Amitriptyline 10 percent/ Bupivacaine 5 percent In 210 cream base, Flurbiprofen 20 percent/Baclofen 5 percent/Dexamethasone 2 percent/Camphor 2 percent/Capsaicin 0.025 percent in 210 cream base, and Flurbiprofen 20 percent/Tramadol 20 percent in Mediderm base 30gm, Gabapentin 10 percent, there is documentation of subjective (neck and shoulder pain) and objective (tenderness over the cervical spine paraspinals and right shoulder, spasm noted in the bilateral trapezius, and pain on extension of shoulder) findings, current diagnoses (cervical sprain/strain and right shoulder sprain/strain), and treatment to date (medications). Regarding Dextromethorphan 10 percent/Amitriptyline 10 percent In Mediderm base 30gm, there is no documentation of neuropathic pain and that trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dextromethorphan 10 Percent/Amitriptyline 10 Percent in Mediderm Base 30gm: 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 rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain and right shoulder sprain/strain. However, there is no documentation of neuropathic pain and that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Dextromethorphan 10 percent/Amitriptyline 10 percent in Mediderm base 30gm is not medically necessary.

Gabapentin 10 Percent/Amitriptyline 10 Percent/ Bupivacaine 5 Percent in 210 Cream Base: 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 rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that any compounded medications containing ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain and right shoulder sprain/strain. However, Gabapentin 10 percent/Amitriptyline 10 percent/ Bupivacaine 5 percent in 210 cream base contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 10 percent/Amitriptyline 10 percent/ Bupivacaine 5 percent in 210 cream base is not medically necessary.

Flurbiprofen 20 Percent/Baclofen 5 Percent/Dexamethasone 2 Percent/Camphor 2 Percent/Capsaicin 0.025 Percent in 210 Cream Base: 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 rationale: MTUS Chronic Pain Medical Treatment Guidelines identify that many agents are compounded as monotherapy or in combination for pain control; that any compounded medications containing ketoprofen, lidocaine (in creams, lotion or gels), capsaicin

in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain and right shoulder sprain/strain. However, Flurbiprofen 20 percent/Baclofen 5 percent/Dexamethasone 2 percent/Camphor 2 percent/Capsaicin 0.025 percent in 210 cream base contains at least one drug (Baclofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 20 percent/Baclofen 5 percent/Dexamethasone 2 percent/Camphor 2 percent/Capsaicin 0.025 percent in 210 cream base is not medically necessary.

Flurbiprofen 20 Percent/Tramadol 20 Percent in Mediderm Base 30gm, Gabapentin 10 Percent: 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 rationale: MTUS Chronic Pain Medical Treatment Guidelines identify that many agents are compounded as monotherapy or in combination for pain control; that any compounded medications containing ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain and right shoulder sprain/strain. However, Flurbiprofen 20 percent/Tramadol 20 percent in Mediderm base 30gm, Gabapentin 10 percent contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 20 percent/Tramadol 20 percent in Mediderm base 30gm, Gabapentin 10 percent is not medically necessary.