

Case Number:	CM14-0204326		
Date Assigned:	12/16/2014	Date of Injury:	05/28/2014
Decision Date:	02/06/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/06/2014

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 Rehab, 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 59 year old female with an injury date of 05/28/14. Per the 11/05/14 report the patient presents with neck, shoulder and back pain rated 7/10, bilateral knee pain rated 6/10 and right elbow pain rated 07/10. Examination reveals decreased range of motion of the right elbow with pain and tenderness along with decreased range of motion of the bilateral knees with pain and tenderness to palpation. The patient's diagnoses include: 1 Lumbar spine strain/sprain 2 Right and left elbow strain/sprain 3 Right knee internal derangement 4 Right and left knees sprain/strain Medications are listed as: Naproxen, Pantoprazole, Flurbiprofen cream, and Gabapentin cream. The utilization review is dated 11/19/14. Reports were provided for review from 06/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10 percent/Dexamethorphan 10percent/Gabapentin 10 percent in mediderm base for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs

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

Decision rationale: The patient presents with pain in the neck, shoulder, back, bilateral knees and right elbow rated 6-7/10. The current request is for Amitriptyline 10 percent/Dexamethorphan 10 percent/Gabapentin 10 percent in mediderm base for 30 days, 210 gm per 11/05/14 report. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." It is appear the patient is just starting this medication. The provider states it is to decrease pain and inflammation. In this case, the requested medication contains Gabapentin which MTUS specifically states in the topical cream section is not recommended; therefore, this topical compounded cream is not recommended. The request is not medically necessary.

Flurbiprofen 20 percent/Tramadol 20 percent in Mediderm base 30 day supply, 210 gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs

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

Decision rationale: The patient presents with pain in the neck, shoulder, back, bilateral knees and right elbow rated 6-7/10. The current request is for Flurbiprofen 20 percent/Tramadol 20 percent in Mediderm base 30 days' supply, 210 gm per 11/05/14 report. The MTUS has the following regarding topical creams (page 111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." It is appear the patient is just starting this medication. The provider states it is to decrease pain and inflammation. In this case, the requested medication contains Tramadol which is not recommended for topical formulation. Therefore, the requested topical compounded medication is not recommended by MTUS and is not medically necessary.