

Case Number:	CM14-0205868		
Date Assigned:	12/17/2014	Date of Injury:	07/16/2014
Decision Date:	02/26/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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: Maryland, District of Columbia
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 employee was a 56 year old female who sustained an industrial injury on 07/16/14 while stepping up stairs. Her prior treatment included physical therapy, acupuncture, medications including Ibuprofen. Her evaluation included an x-ray. Her diagnoses included left foot contusion and left toes contusion. The progress note from 08/04/14 was reviewed. Her complaints included left foot and toe pain. Symptoms were worse with touch. Examination findings included tenderness to the dorsal left foot, slight swelling, normal range of motion of the left toes and normal left foot strength. The plan of care included physical therapy and Podiatry consultation. A urine drug screen from 10/10/14 was normal. The request was for transdermal Flurbiprofen 20%, Tramadol HCL powder 20%, Mediderm cream base and Gabapentin 10%, Amitriptyline HCL powder 10%, Dextromethorphan Powder 10%, Mediderm cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 10/06/14 Transdermal Flurtiprofen 20%, Tramadol HCL Powder 20%, Mediderm 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): 111-112.

Decision rationale: The employee was a 56 year old female who sustained an industrial injury on 07/16/14 while stepping up stairs. Her prior treatment included physical therapy, acupuncture, medications including Ibuprofen. Her evaluation included an x-ray. Her diagnoses included left foot contusion and left toes contusion. The progress note from 08/04/14 was reviewed. Her complaints included left foot and toe pain. Symptoms were worse with touch. Examination findings included tenderness to the dorsal left foot, slight swelling, normal range of motion of the left toes and normal left foot strength. The plan of care included physical therapy and Podiatry consultation. A urine drug screen from 10/10/14 was normal. The request was for transdermal Flurbiprofen 20%, Tramadol HCL powder 20%, Mediderm cream base and Gabapentin 10%, Amitriptyline HCL powder 10%, Dextromethorphan Powder 10%, Mediderm cream base. According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In addition, the guidelines add that the topical analgesics are largely experimental in use with few RCTs to determine their efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are indicated for short term treatment of osteoarthritis and tendinitis of knee, elbow, ankle and other joints which earn minimal topical treatments. But only Voltaren gel is the FDA approved topical formulation for NSAIDs. Fluriprofen topical is not FDA approved. It is also not clear why topical opioids are being used instead of the more readily available oral medications. So the request for topical Flurbiprofen with Tramadol powder is not medically necessary or appropriate.

(Retro) DOS 10/05/14 Gabapentin 10%, Amitriptyline HCL Powder 10%, Dextromethorphan Powder 10% , Mediderm 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): 112-113.

Decision rationale: The employee was a 56 year old female who sustained an industrial injury on 07/16/14 while stepping up stairs. Her prior treatment included physical therapy, acupuncture, medications including Ibuprofen. Her evaluation included an x-ray. Her diagnoses included left foot contusion and left toes contusion. The progress note from 08/04/14 was reviewed. Her complaints included left foot and toe pain. Symptoms were worse with touch. Examination findings included tenderness to the dorsal left foot, slight swelling, normal range of motion of the left toes and normal left foot strength. The plan of care included physical therapy and Podiatry consultation. A urine drug screen from 10/10/14 was normal. The request was for transdermal Flurbiprofen 20%, Tramadol HCL powder 20%, Mediderm cream base and Gabapentin 10%, Amitriptyline HCL powder 10%, Dextromethorphan Powder 10%, Mediderm cream base. According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In

addition, the guidelines add that the topical analgesics are largely experimental in use with few RCTs to determine their efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended as a topical medication per MTUS. Guidelines also don't specifically address Dextromethorphan or Amitriptyline. There is no documentation of failure of oral antidepressants or anticonvulsants. There is also lack of documentation of intolerance or failure of oral NSAIDs. Given all the above, the request for topical Amitriptyline, Dextromethorphan and Gabapentin, Mediderm cream base is not medically necessary or appropriate.