

Case Number:	CM14-0207984		
Date Assigned:	12/19/2014	Date of Injury:	02/22/2011
Decision Date:	02/10/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/12/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 2/22/2011. Mechanism of injury is described as from repetitive injury. Patient has a diagnosis of carpal tunnel syndrome, neck sprains/strains, lumbar sprains/strains, thoracic sprain and bilateral shoulder sprains/strain. Patient has had reported L wrist surgery. Medical reports reviewed. Last report available until 10/16/14. Patient complains of neck, low back, bilateral shoulder and bilateral wrist pain. Pain is 8/10 mostly to lumbar spine. Bilateral wrist also with pain. Objective exam reveals decreased lumbar range of motion (ROM) with tenderness to L5-S1 spinous process and paraspinals. Positive Kemp's sign. Bilateral wrist tenderness to volar area and positive Tinel's and Phalen's. MRI of cervical spine (10/23/13) revealed C5-6 and C6-7 dehiscence of nucleus pulposus with 2mm disc bulge. Minimal compromise of central canal. Neural foramen is patent. MRI of shoulders (10/23/13) revealed impingement left worst than right side with edema, tendinosis and signs of partial rotator cuff tears. Patient reportedly was no on any medications. The provider also requested omeprazole, ibuprofen and the topical creams under review. Independent Medical Review is for Flurbiprofen/Tramadol cream, Gabapentin/Amitriptyline/Dextromethorphan cream. Prior Utilization Review on 11/3/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Tramadol HCL cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Tramadol: Tramadol is only FDA approved for oral use and is not approved for topical application. There is no evidence to support its use topically. This compounded product does not have a single recommended component. It is not medically necessary.

Gabapentin/Amitriptyline HCL/Dextromethorphan cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Gabapentin: Gabapentin is an anti-epileptic. It is not FDA approved for topical use. As per MTUS guidelines it is not recommended with no evidence to support its use as a topical product. It is not recommended. 2) Amitriptyline: This is a tricyclic antidepressant. As per MTUS guideline, there is no evidence to support the use of a topical antidepressant. It is not FDA approved for topical application. As per MTUS guidelines, only FDA approved products are recommended. 3) Dextromethorphan: There is no evidence to support the use of topical dextromethorphan. It is not FDA approved for topical application. As per MTUS guidelines, only FDA approved products are recommended. This compounded product does not have a single recommended component. It is not medically necessary.