

<b>Case Number:</b>	CM15-0003062		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	06/26/1997
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 injured worker is a 58 year old male, who sustained an industrial injury on 6/26/97. He has reported neck pain, right shoulder pain and low and mid back pain. The diagnoses have included acid reflux; rule out ulcer/anatomical alteration, diarrhea, bright red blood per rectum; rule out hemorrhoids, secondary to constipation and sleep disorder, palpitations and psychiatric diagnosis. Treatment to date has included medications. A sleep study was completed on 8/22/14 and results of an upper GI study are pending at this time. He has also received electrocardiograms (EKG) and Gastroenterology consult. Currently, the IW complains of abdominal pain and difficulty sleeping. Per the exam dated 12/8/14, palpitations and diarrhea have improved and he denies bright red blood from rectum. Abdominal pain, depression and sleep difficulty are unchanged from previous visits. He currently is taking Prilosec and Probiotics. On 12/20/14 Utilization Review non-certified a urine drug screen, noting the medical records do not reflect the use of opioid based medication or the presence of any significant red flag issues. The MTUS, ACOEM Guidelines, was cited. Utilization Review non-certified compound cream (Flurbiprofen 20%/Tramadol 20% in Mediderm base) 210 gm, and compound cream (Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% in Mediderm base), noting any compounded product that contains at least one drug or drug class is not recommended. On 1/6/15, the injured worker submitted an application for IMR for review of urine drug screen, and compound cream (Flurbiprofen 20%/Tramadol 20% in Mediderm base) 210 gm, and compound cream (Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% in Mediderm base).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; See Opioids, screening tests for risk of addiction & misuse; Opioids, tools for risk stratification & monitoring; Opioids, indicators for addiction & misuse; Opioids, criteria for use.

**Decision rationale:** The medical records report the insured has reported neck pain, right shoulder pain and low and mid back pain. He currently is taking Prilosec and Probiotics. There is no documentation of opioid use or intent for opioid use. ODG guidelines support UDS if the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. It may be supported if there is aberrant behavior or misuse is suspected and/or detected. The medical records provided for review do not document a formal assessment of addiction or indicate risk or report intent for chronic opioid therapy. As the medical records do not reflect these assessments, UDS is not supported for current care under ODG guidelines.

**Compound Cream: ( Flurbiprofen 20%, Tramadol 20%, in Mediderm Base) 210gms.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Recommended as an option as indicated below. Largely experimental in use with few randomized con.

**Decision rationale:** ODG guidelines support that any compounded product that contains at least one drug that is not recommended is not recommended. The medical records indicate a pain condition related to DJD and not to any neuropathic pain condition. As such the medical records do not support a medical necessity for the tramadol containing cream.

**Compound Cream (Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm Base) 210gms.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Recommended as an option as indicated below. Largely experimental in use with few randomized con.

**Decision rationale:** ODG guidelines support that any compounded product that contains at least one drug that is not recommended is not recommended. The medical records indicate a pain condition related to DJD and not to any neuropathic pain condition. As such the medical records do not support a medical necessity for the amitriptyline containing cream.