

Case Number:	CM15-0005336		
Date Assigned:	01/16/2015	Date of Injury:	08/07/2013
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 28-year-old female who reported an injury on 08/07/2013. Prior therapies included acupuncture, physical therapy, and chiropractic treatment. The mechanism of injury was noted to be cumulative trauma. The injured worker underwent an MRI of the lumbar spine and cervical spine. Surgical history was not provided. The injured worker underwent an MRI of the right knee and left knee. The documentation of 10/10/2014 revealed the injured worker's range of motion had improved and physical therapy had improved the symptoms. The physical examination revealed the range of motion for the cervical spine had abnormal findings. The injured worker had a positive Tinel's in the bilateral wrists. The injured worker had a positive Phalen's test. There was numbness in the upper extremity. The range of motion for the thoracic spine was abnormal. There was tenderness over the plantar fascia in the left foot and ankle, and there was tenderness over the calcaneal fibular ligament, there was tenderness over the Achilles tendon. There was tenderness over the plantar fascia of the right foot, and tenderness over the calcaneal fibular ligament on the right, as well as tenderness over the Achilles tendon. The documentation indicated the injured worker had an x-ray which revealed spine straightening due to spasm. The diagnoses included carpal tunnel syndrome, derangement of the menisci not elsewhere classified, tarsal tunnel syndrome, plantar fascial fibromatosis, cervical neuritis and radiculitis, lumbago, and thoracic or lumbosacral neuritis or radiculitis, as well as lateral epicondylitis of the elbow, other back disorders, and unspecified musculoskeletal disorders and symptoms referable to the back. The treatment plan included physical therapy and acupuncture, an MRI of the bilateral knees revealed a need for an ortho consult, a consultation

with a podiatrist, and medications. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Flurbiprofen Tramadol Cream 20/20% #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical analgesics; Tramadol Page(s): 72; 111; 82, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The clinical documentation submitted for review indicated the injured worker's medications previously had been oral NSAIDs. There was a lack of documentation indicating a necessity for a topical NSAID. There was a lack of documentation indicating the injured worker had a trial and failure of anticonvulsants and antidepressants. There was a lack of documentation of exceptional factors to warrant the use of tramadol, as it is not FDA-approved for topical use. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for Med Flurbiprofen Tramadol Cream 20/20% #1 is not medically necessary.

Gabapentin Amitrip Dextomet Cream 10/10/10% 1 Gram: 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; Gabapentin Page(s): 111; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the

new millennium. Eur J Pharmacol 375:31?40.

<http://www.drugs.com/search.php?searchterm=dextromethorphan&a=1>

Decision rationale: The California Medical Treatment Utilization Schedule indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Per Skolnick, P. (1999) while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. Per Drugs.com Dextromethorphan is a cough suppressant. The clinical documentation submitted for review failed to provide documentation of exceptional factors. There was a lack of documentation indicating the injured worker had trialed antidepressants and anticonvulsants and they had failed. There was a lack of documentation of exceptional factors to warrant nonadherence guideline recommendations. Additionally, there was a lack of documented rationale for the addition of dextromethorphan to the medication. The request as submitted failed to indicate the frequency for the requested medication and the body part to be treated. Given the above, the request for Gabapentin Amitrip Dextomet Cream 10/10/10% 1 gram is not medically necessary.