

Case Number:	CM15-0032681		
Date Assigned:	02/26/2015	Date of Injury:	12/05/2013
Decision Date:	04/29/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44-year-old female reported a work-related injury on 12/05/2013. According to the progress notes from the treating provider dated 1/26/15, the injured worker (IW) reports left knee pain rated 4-6/10, lumbar spine pain (right side greater than left) rated 4-6/10 and right shoulder blade pain radiating to the right arm rated 4-6/10. Diagnoses include lumbar spine sprain/strain and right shoulder impingement. Previous treatments were medications, physical and occupational therapy, chiropractic treatment and left knee meniscectomy. The treating provider requests retrospective review of compounded medication Flurbiprofen 20%/Tramadol 20% in Mediderm base and Gabapentin 10%/Amitriptyline 10%/ Dextromethorphan 10% in Mediderm base for date of service 01/26/2015. The Utilization Review on 02/17/2015 non-certified the retrospective request of compounded medication Flurbiprofen 20%/Tramadol 20% in Mediderm base and Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% in Mediderm base for date of service 01/26/2015. References cited were CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for CMPD Flurbiprofen 20%/ Tramadol 20% in mediderm base
DOS:1/26/15: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with left knee pain rated 4-6/10, low back pain rated 4-6/10 greater on the right, and posterior right shoulder pain rated 4-6/10, which radiates into the right upper extremity. The patient's date of injury is 12/05/13. Patient is status post arthroscopic left knee meniscectomy on 08/19/14. The request is for Retrospective request for CMPD Flurbiprofen 20%/ Tramadol 20% in mediderm base DOS: 1/26/15. The RFA is dated 02/02/15. Physical examination dated 01/06/15 reveals tenderness to palpation of the medial and lateral joint lines of the left knee. Right shoulder examination reveals tenderness to palpation of the rhomboids/SITS muscles/levator scapulae, limited range of motion, and positive supraspinatus test on the right. Right forearm examination reveals positive Cozen's test on the right and tenderness on the lateral aspect of the right elbow. Lumbar spine examination reveals tenderness of the lumbar paraspinal muscles from L3 through L5. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Per progress note dated 01/06/15 patient is expected to return to work in March 2015. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regards to the request for what appears to be a compounded cream containing Flurbiprofen and Tramadol, the requested cream contains ingredients which are not supported by guidelines as topical agents. Guidelines do not support Tramadol as a topical agent. Furthermore, the treater does not specify where this cream is to be applied - as topical NSAIDs are only supported for peripheral use.

Retrospective request for CMPD Gabapentin 10% Amitriptyline 10%/ Dextromethorphan 10% in mediderm base DOS: 1/26/15: 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): 111-113.

Decision rationale: The patient presents with left knee pain rated 4-6/10, low back pain rated 4-6/10 greater on the right, and posterior right shoulder pain rated 4-6/10, which radiates into the right upper extremity. The patient's date of injury is 12/05/13. Patient is status post arthroscopic left knee meniscectomy on 08/19/14. The request is for Retrospective request for CMPD Gabapentin 10% Amitriptyline 10%/ Dexamethorphan 10% in mediderm base DOS: 1/26/15. The RFA is dated 02/02/15. Physical examination dated 01/06/15 reveals tenderness to palpation of the medial and lateral joint lines of the left knee. Right shoulder examination reveals

tenderness to palpation of the rhomboids/SITS muscles/levator scapulae, limited range of motion, and positive supraspinatus test on the right. Right forearm examination reveals positive Cozen's test on the right and tenderness on the lateral aspect of the right elbow. Lumbar spine examination reveals tenderness of the lumbar paraspinal muscles from L3 through L5. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Per progress note dated 01/06/15 patient is expected to return to work in March 2015. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regards to the requested compounded topical cream containing Gabapentin, Dextromethorphan, and Amitriptyline, the requested cream also contains ingredients, which are not supported by guidelines as topical agents. MTUS guidelines indicate that any compounded medication which contains an unsupported ingredient is not substantiated. Additionally, progress notes do not specify where the cream is to be applied. Gabapentin is not supported as a topical agent. Therefore, the request is not medically necessary.