

Case Number:	CM15-0050288		
Date Assigned:	03/23/2015	Date of Injury:	07/16/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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: Emergency 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 56-year-old female, who sustained an industrial injury on 07/16/2014. She has reported injury to the left foot. The diagnoses have included left foot contusion; and contusion of left toe. Treatment to date has included medications, diagnostic studies, and physical therapy. Medications have included Ibuprofen and topical compounded creams. A progress report from the treating physician, dated 10/10/2014, documented an evaluation with the injured worker. Currently, the injured worker complains of left foot pain with numbness at times; and pain is aggravated by flexing the foot. Objective findings included increased strength and range of motion of the left foot; and decreased swelling of the left foot. The treatment plan has included physical therapy, acupuncture treatments, and topical creams. Request is being made for topical compounded creams: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gm; and for cyclobenzaprine 2%, Flurbiprofen 25%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15% Amitriptyline 4%, Dextromethorphan 10% 180gm: 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: As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 2) 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. 3) Amitriptyline: 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. This non-evidence based compounded product is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25%: 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: 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) Cyclobenzaprine is a muscle relaxant. It is not FDA approved for topical use. There is no evidence for efficacy as a topical product. It is not recommended. This non-evidence based compounded product is not medically necessary.