

Case Number:	CM14-0105334		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2013
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 35-year-old female who reported an injury on 05/10/2013. The mechanism of injury was noted to be repetitive trauma while performing normal job duties. The injured worker's diagnosis was noted to be carpal tunnel syndrome. The injured worker's prior treatments were noted to be physical therapy, acupuncture, and medications. The injured worker's diagnostics were noted to be electrodiagnostic study on 05/14/2014 and an MRI. The injured worker's subjective complaints were noted to be complaints of intermittent neck pain, and right wrist pain radiating to the right hand with associated symptoms of tingling. Symptoms were aggravated with gripping, repetitive motion, and turning neck from side to side. The objective findings of the physical examination included positive Phalen's test of the right wrist and positive Tinel's sign of the right wrist. The injured worker's medications were noted to be ibuprofen. The treatment plan was for electrodiagnostic studies. The provider's rationale for the request was not submitted with the most recent clinical evaluation. A Request for Authorization for medical treatment was not provided with this documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of Flurbiprofen 20% and Tramadol 20%, 210mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for 1 container of Flurbiprofen 20% and Tramadol 20%, 210mg is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA approved for topical application. A thorough search of the 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 of therapy according to the MTUS Guidelines. The clinical documentation does not indicate that a first line therapy of antidepressants or anticonvulsants has failed. The request 1 container of flurbiprofen 20% and tramadol 20% does not indicate a frequency of use or an area of application for treatment. As such, the request for 1 container of Flurbiprofen 20% and Tramadol 20% 210mg is non-certified.

1 container of Gabapentin 10%, Amitriptyline 10%, and Dextromethorphan 10%, 210mg:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for 1 container of Gabapentin 10%, Amitriptyline 10%, and Dextromethorphan 10% 210 mg is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The documentation submitted for review does not indicate a failed trial of antidepressants or anticonvulsants. In addition, according to the Guidelines gabapentin is not recommended topically. According to the Guidelines, any combination of product with 1 drug that is not recommended is not recommended. Therefore, the request for 1 container of Gabapentin 10%, Amitriptyline 10%, and Dextromethorphan 10% 210 mg is non-certified.