

<b>Case Number:</b>	CM14-0116567		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for psychological stress, anxiety, depression, reflux, and chronic neck pain reportedly associated with an industrial injury of February 27, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; dietary supplements; proton pump inhibitors; and extensive periods of time off of work. In a Utilization Review Report dated July 1, 2014, the claims administrator denied a request for several topical compounded agents and a dietary supplement. The applicant's attorney subsequently appealed. In a June 19, 2014 office visit, the applicant presented with epigastric abdominal pain, neck pain, dental complaints, psychiatric complaints, and headaches, 5/10. The applicant was using Dexilant, Gaviscon, ranitidine, Medrox, Theratramadol, and several topical compounds. Several medications were apparently renewed. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream (Flurbiprofen 20%/Tramadol 20%/in Mediderm Base) 210 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, Page(s): Page 111. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Food

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." The attending provider did not clearly outline why first-line oral pharmaceuticals could not be employed here. Therefore, the request is not medically necessary.

**Topical Cream (Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% in Mediderm Base) 210 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, compounded medication. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Food

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Thertramadol-90 (Copak: Theramine #90/Tramadol 50 mg #60):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Food

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Third Edition, Chronic Pain Chapter, Alternative Treatments section.

**Decision rationale:** The MTUS does not address the topic of dietary supplements such as Theramine. However, as noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, dietary supplements such as Theramine are not recommended in the treatment of chronic pain as they have not been demonstrated to have any lasting benefit for meaningful outcomes in the treatment of the same. Since one ingredient in the Thertramadol compound is not recommended, the entire compound is not recommended. Therefore, the request is not medically necessary.