

Case Number:	CM14-0131378		
Date Assigned:	09/16/2014	Date of Injury:	10/02/2012
Decision Date:	10/28/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 44-year-old female, who reported a work related injury on 10/02/2012 due to sitting in a chair and feeling a pain across both shoulders and back. The injured worker's diagnoses consist of thoracic and lumbar sprain. Past treatment has included physical therapy, application of heat or ice, and non-narcotic medications. Diagnostic tests include an x-ray on an unspecified date, which revealed thoracic spine scoliosis. Surgical history was not provided for review. Orthopedic Panel report, dated 01/03/2014, revealed that the injured worker complained of neck and trapezius pain that radiated to the shoulders, arms, and hands. The injured worker also had bilateral wrist pain. The injured worker also had minimal occasional low back pain with occasional radiation of pain into both legs. A second chiropractic evaluation on 05/12/2014 revealed that the injured worker complained of neck pain that radiated into the right upper extremity, midback pain, and bilateral wrist pain with tingling/numbness. Upon physical examination, there were spasms noted in the cervical spine, positive compression test, bilateral wrist pain, and limited range of motion with positive Phalen's test. The injured worker's medications include Omeprazole. The treatment plan consisted of Flurbiprofen powder/Tramadol HCl powder/Mediderm Cream Base 20%/20% and Gabapentin/Amitriptyline HCl powder/Dextromethorphan powder/Mediderm Cream Base 10%/10%/10%. The rationale for the request was pain. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Powder/Tramadol HCL Powder/Mediderm Cream Base 20%/20%: 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): 111-114.

Decision rationale: The request for Flurbiprofen Powder/Tramadol HCL Powder/Mediderm Cream Base 20%/20% is not medically necessary. The California MTUS Guidelines state compounded topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, any compounded product that contains at least one drug, or drug class that is not recommended. In regard to Flurbiprofen, the guidelines state 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. When investigated in this the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, however there are no long-term studies of their effectiveness or safety. Additionally, the guidelines specify that topical NSAIDs have not been evaluated for the treatment of conditions of the spine. In regard to Tramadol, the guidelines do not recommend any topical form of Tramadol. In addition, there was insufficient documentation showing nonresponse or intolerance to first line medications to warrant use of a topical analgesic. As the requested compound contains these agents, the compound is also not supported. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, this request is not medically necessary.

Gabapentin/Amitriptyline HCL Powder/Dextromethorphan Powder/Mediderm Cream Base 10%/10%/10%: 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): 111-114.

Decision rationale: The request for Gabapentin/Amitriptyline HCL Powder/Dextromethorphan Powder/Mediderm Cream Base 10%/10%/10% is not medically necessary. The California MTUS Guidelines state compounded topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, any compounded product that contains at least one drug, or drug class that is not recommended. In regard to Gabapentin, the guidelines do not recommend any topical form of this drug. As, such the entire compound cannot be warranted. In addition, there was insufficient documentation showing nonresponse or intolerance to first line medications to warrant use of a topical analgesic. As the requested compound contains these agents, the compound is also not supported. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, this request is not medically necessary.

