

Case Number:	CM14-0131733		
Date Assigned:	08/20/2014	Date of Injury:	07/25/2013
Decision Date:	09/22/2014	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 Management, and is licensed to practice in Tennessee. 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 patient is a 41-year-old male who has submitted a claim for neck strain, radiculitis, and lumbar sprain associated with an industrial injury date of July 25, 2013. Medical records from October 22, 2013 up to June 19, 2014 were reviewed showing intermittent 7/10 neck and bilateral shoulder pain with numbness and tingling radiating to right arm and forearm. Patient also complained of intermittent 7/10 low back pain that radiates to right thigh with developing numbness with prolonged standing. Physical examination revealed tenderness, spasms, and ROM restriction of cervical spine, shoulders, and lumbar spine. Ultrasound of shoulder dated 5/15/14 showed normal shoulders. EMG and NCS dated 5/22/14 showed no abnormalities of lower extremities, normal EMG of upper extremities, and mild bilateral median sensory neuropathy at the wrist. Treatment to date has included ibuprofen, oxycodone, Cyclobenzaprine, Advil, and gemfibrozil. Utilization review from July 16, 2014 denied the request for Flurbiprofen 20%, Tramadol 20%, in Mediderm base 30gms and Amitriptyline 10% / Dexamethorphan 10% / Gabapentin 10% / in Mediderm base 30gms. There was no indication for compound medications. It is unclear if oral medications have been tried or other NSAIDs commercially available in topical form. In addition, gabapentin is not recommended. Any compounded product that contains at least one drug that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Tamadol 20%, in Mediderm base 30gms: 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: According to pages 111-112 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only topical NSAID approved by FDA is diclofenac which has not been evaluated for treatment of the spine, hip or shoulder. Tramadol is not recommended as a topical analgesic. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the patient was prescribed the compounded cream on May 1, 2014. The patient is complaining of cervical spine, shoulder, and low back pain. In addition, the patient has been taking ibuprofen and oxycodone. There was no indication for compound cream in addition to his current oral medications. Moreover, both flurbiprofen and tramadol are not recommended for topical use. Therefore the request is not medically necessary.

Amitriptyline 10% / Dexamethorphan 10% / Gabapentin 10% / in Mediderm base 30gms:
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: According to pages 111-112 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended as a topical analgesic. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Dextromethorphan is not addressed in the guidelines. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the patient was prescribed the compounded cream on May 1, 2014. In addition, there was no documentation of the patient taking an antidepressant/anticonvulsant as first line therapy for neuropathic pain. There was no indication that the patient cannot tolerate oral medications. Moreover, both amitriptyline and gabapentin are not recommended for topical use. Therefore the request is not medically necessary.