

Case Number:	CM14-0146499		
Date Assigned:	09/12/2014	Date of Injury:	07/11/2012
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 50-year-old male with a reported injury on 07/11/2012. The mechanism of injury was electrocution. No documentation of past treatments, diagnostic testing, or surgical history was provided. No clinical notes were submitted for review. Per previous utilization review records, the injured worker was evaluated on 01/27/2014 for complaints of mid and low back pain and bilateral leg and hip pain. The injured worker's diagnoses included thoracic sprain/strain, lumbar sprain/strain, lumbar spine herniated nucleus pulposus probable, and rule out radiculopathy. The clinician's treatment plan was a TENS unit, Ultram 50 mg, Motrin 800 mg, Prilosec 20 mg, and Fluriflex cream. The request was for Compound Transdermal Cream C-Gaba 10% Keto 10% Tramadol DOS 03/20/14 Qty: 240. No rationale for this request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Transdermal Cream C-Gaba 10% Keto 10% Tramadol DOS 03/20/14 Qty: 240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

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

Decision rationale: The request for Compound Transdermal Cream C-Gaba 10% Keto 10% Tramadol DOS 03/20/14 Qty: 240g is not medically necessary. The injured worker complained of mid back, low back, bilateral leg, and bilateral hip pain. The California MTUS Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs are recommended for short term use. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The only FDA approved NSAID for topical application is diclofenac which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Ketoprofen is not currently FDA approved for topical application. Gabapentin is not recommended for topical administration. The injured worker's pain was to his low back and hips. The rationale for the request was not provided. Additionally, the requested cream contains at least one drug that is not recommended; therefore, the cream is not recommended. The request for treatment did not include a site for administration or a frequency. Therefore, the request for Compound Transdermal Cream C-Gaba 10% Keto 10% Tramadol DOS 03/20/14 Qty: 240g is not medically necessary.