

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0183773 | | |
| Date Assigned: | 11/07/2014 | Date of Injury: | 02/02/2012 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 33 year-old male who was injured on 2/2/12. He developed lower back pain, knee pain, hearing problems, depression, and anxiety. On exam, he had tender lumbar paraspinal muscles, decreased range of motion, tender right knee with decreased range of motion, slightly decreased motor strength of lower extremities, and decreased sensation of left anterolateral thigh, anterior knee, medial leg and foot. He was diagnosed with lumbosacral musculoligamentous strain/sprain, lumbosacral disc disease with radiculopathy, bilateral knee sprain/strain. He had lumbar spine microdiscectomy surgery and left knee surgery. His medications included Naprosyn, Inderal, and Bupropion. The current request is for topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Tramadol 20%, 210gm (30gm applied) refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14) Compound drugs Criteria for Compound drugs

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

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. In the chart, the patient was on Naprosyn but its effect was not recorded and there was no documentation of adverse effects. Topicals are often used when oral medications aren't tolerated. There is little research to support topical Tramadol use in treatment of chronic pain. Long-term use has not been evaluated and cannot be recommended. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.

Gaba 10%, Amitriptyline 10 %, Dextro 10 %, 210gm (30gm applied) refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14) Compound drugs Criteria for Compound drugs

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

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. Topical dextromethorphan is an NMDA receptor antagonist like ketamine. There are no MTUS guidelines specifically for dextromethorphan but generally these topicals are largely experimental. Topicals are often used when oral medications aren't tolerated. There is no documentation that the patient was unable to tolerate oral analgesics and many have not been trialed yet. Therefore, the request is considered not medically necessary.