

Case Number:	CM14-0184678		
Date Assigned:	11/12/2014	Date of Injury:	11/07/2013
Decision Date:	12/16/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine and Rehabilitation and Pain 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 injured worker is a 48-year-old male who reported an injury on 11/07/2013 due to using an access opening to the roof when the roof access fell on him, striking his neck and left arm. At the same time, he was holding the ladder with his right arm and then he slit his left hand underneath the hatch to pry it off his left shoulder when he heard a pop and snap in his left shoulder. Physical examination dated 09/17/2014 revealed that the injured worker rated the pain an 8/10 to 9/10. It was reported that the injured worker was not working. Range of motion and strength were unchanged since the last visit. It was reported that physical therapy has been kept on hold. Examination revealed range of motion for the cervical spine was limited. Palpation revealed tenderness. Examination of the upper extremities revealed positive Tinel's at the left elbow. There was numbness in the upper extremity. Impingement signs were present. Range of motion of the right shoulder was normal. Range of motion for the left shoulder was abnormal. The range of motion for the thoracic spine revealed abnormal findings and range of motion for the lumbar spine revealed abnormal findings. There is tenderness over the paraspinal area bilaterally to palpation. Straight leg raise was positive bilaterally. Diagnoses were unspecified musculoskeletal disorders and symptoms referable to neck, other unspecified back disorder, cervical neuritis/radiculopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis, unspecified, shoulder tenosynovitis, medial epicondylitis of elbow, lateral epicondylitis of elbow, injury to ulnar nerve. Treatment plan was to continue medications and consider acupuncture in the future. Medications were ibuprofen 600 mg 1 tablet every 6 hours as needed, flurbiprofen/tramadol cream 20/20%, gabapentin/amitriptyline/dextromethorphan cream 10/10/10%, 3 times a day. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/tramadol cream 20/20, 210 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen, Tramadol Page(s): 111, 72, 82.

Decision rationale: The decision for Flurbiprofen/tramadol cream 20/20, 210 grams is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy medication through dermal patches or topical administration. Flurbiprofen is not approved for topical use. Also the efficacy this medication was not reported. Compounded topical analgesics are not supported if one ingredient is not supported which is Tramadol. Furthermore, the request does not indicate a frequency for the medication. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, the request is not medically necessary.

Gabapentin/amitriptyline/dextromethorphan 10/10/10%, 210 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

Decision rationale: The decision for Gabapentin/amitriptyline/dextromethorphan 10/10/10% is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Compounded topical analgesics are not supported if

one ingredient is not supported which is Gabapentin. The efficacy of this medication was not reported. There were no other significant factors provided to justify the use outside of current guidelines. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.