MAXIMUS Federal Services

Case Number:	CM14-0158503		
Date Assigned:	10/02/2014	Date of Injury:	01/06/2013
Decision Date:	02/25/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 51 year old female with an injury date on 01/06/2013. Based on the 06/13/2014 progress report provided by the treating physician, the diagnoses are: 1.Injury-fingers Thumb. 2.Thumb. According to this report, the patient complains of "activity-dependent to constant moderate dull, throbbing right wrist pain, stiffness and weakness radiating to hand." The patient also complains of "occasional to constant moderate stabbing, throbbing right hand/thumb pain, stiffness, tingling and cramping radiating to wrist, arm, and shoulder." Physical exam reveals "no bruising, swelling, atrophy, or lesion present at the right wrist." The treatment plan is to continue medications as prescribed. The patient's work status and other exam findings were not mentioned in the 04/25/2014 to 06/13/2014 reports. There were no other significant findings noted on this report. The utilization review denied the request for topical compound cream on 08/22/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 11/19/2013 to 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbiprofen 20 Percent/Tramadol 20 Percent in Mediderm Base 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines for Opioids, specific drug list, Chronic Pain for Topi.

Decision rationale: According to the 06/13/2014 report, this patient presents with constant moderate right wrist, arm, hand, and shoulder pain. The current request is for Retro Flurbiprofen 20 Percent/ Tramadol 20 Percent in Mediderm Base 30 Grams. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. MTUS then discusses various topical with their indications. However, there is no discussion specific to Tramadol cream. The ODG guidelines do not discuss Tramadol topical either. The MTUS does state on page 94 that Tramadol is indicated for moderate to severe pain. Tramadol is a synthetic opioid and usage of Tramadol requires documentation of the 4 A's as stated in MTUS page 78. The treating physician has failed to document (analgesia, ADL's, Adverse effects and Adverse behavior) as required by MTUS. The current request is not medically necessary.

Retro Gabapentin 10 Percent/Dextromethorphan 10 Percent Amitriptyline in Mediderm Base 30mg: Upheld

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

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

Decision rationale: According to the 06/13/2014 report, this patient presents with constant moderate right wrist, arm, hand, and shoulder pain. The current request is for Retro Gabapentin 10 Percent/ Dextromethorphan 10 Percent/ Amitriptyline 10 Percent in Mediderm Base 30 Gram. Regarding topical compounds, the MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. The MTUS further states topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. The MTUS also does not support Gabapentin as a topical product. The current request is not medically necessary.

Retro Flurbiprofen 20 Percent Tramadol 20 Percent in Mediderm Base 210 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Criteria For Use Of Opioids Page(.

Decision rationale: According to the 06/13/2014 report, this patient presents with constant moderate right wrist, arm, hand, and shoulder pain. The current request is for Retro Flurbiprofen

20 Percent/Tramadol 20 Percent in Mediderm Base 210 Grams. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. The MTUS then discusses various topical with their indications. However, there is no discussion specific to Tramadol cream. The ODG guidelines do not discuss Tramadol topical either. The MTUS does state on page 94 that Tramadol is indicated for moderate to severe pain. Tramadol is a synthetic opioid and usage of Tramadol requires documentation of the 4 A's as stated in the MTUS page 78. The treating physician has failed to document (analgesia, ADL's, Adverse effects and Adverse behavior) as required by MTUS. The current request is not medically necessary.

Retro Amitriptyline 10 Percent Dexamethorphan 10 Percent Gabapentin 10 Percent in Mediderm Base 210 Grams: Upheld

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

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

Decision rationale: According to the 06/13/2014 report, this patient presents with constant moderate right wrist, arm, hand, and shoulder pain. The current request is for Retro Amitriptyline 10 Percent/ Dextromethorphan 10 Percent/ Gabapentin 10 Percent in Mediderm Base 210. Regarding topical compounds, the MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. The MTUS further states topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. The MTUS also does not support Gabapentin as a topical product. The current request is not medically necessary.