

Case Number:	CM15-0029127		
Date Assigned:	02/23/2015	Date of Injury:	03/02/2010
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 3/2/2010. She has reported details of the initial injury were not submitted for review. The diagnoses have included lumbar spine discogenic disease, with radiculopathy, and bilateral knee, medial meniscus tears. Treatment to date has included rest, heat, left knee brace, and a Transcutaneous Electrical Nerve Stimulation (TENS) unit, and medication therapy. Currently, the IW complains of pain in low back with radiation to left leg. The physical examination from 2/27/15 documented positive Valsalva and Kemp's test, positive compression test of right lumbar area, muscle tenderness along paraspinal and bilateral hips. There was tenderness noted to bilateral knees, with left knee positive for grinding test, McMurray's test, and pain with Range of Motion (ROM). The plan of care included pending orthopedic consultation and continuation of medications. On 1/23/2015 Utilization Review non-certified Tramadol 50mg #120, Compound Cream (Gabapentin 10%/Amitriptyline 4%/Dextromethorphan 10%) #180 Grams, and compound cream (Cyclobenzaprine 2%/Flurbiprofen 25%) #180 Grams. The MTUS Guidelines were cited. On 2/17/2015, the injured worker submitted an application for IMR for review of Tramadol 50mg #120, Compound Cream (Gabapentin 10%/Amitriptyline 4%/Dextromethorphan 10%) #180 Grams, and compound cream (Cyclobenzaprine 2%/Flurbiprofen 25%) #180 Grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Tramadol for several months, prior to the claimant had been on Norco. No one opioid is superior to another. In addition, the claimant had the same 6/10 pain for over 6 months. There was no indication of Tylenol or NSAID failure. The continued use of Tramadol as above is not medically necessary.

Gaba 10%, Amit 10%, bup 5% in cream base #210 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin and Baclofen are not recommended due to lack of evidence. Since the compound in question contains Gabapentin and Baclofen, the topical use of Gaba 10%, Amit 10%, bup 5% in cream base is not medically necessary.

Flur 20%, Bac 10%, Dexa 2% in cream base #210 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Baclofen is not recommended due to lack of evidence. Since the compound in question contains Baclofen, the topical use of Gaba 10%, Amit 10%, bup 5% in cream base is not medically necessary.