

Case Number:	CM14-0150964		
Date Assigned:	09/19/2014	Date of Injury:	08/14/2013
Decision Date:	11/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 55-year-old male who reported an injury on 08/14/2013. The mechanism of injury involved a motor vehicle accident. Current diagnoses include cervical sprain/strain, lumbar disc displacement, lumbar sprain/strain and right knee sprain/strain. The injured worker was evaluated on 03/27/2014 with complaints of persistent pain in the cervical spine, lumbar spine, and right knee. Previous conservative treatments are noted to include medications, activity modification, acupuncture, TENS therapy, trigger point impedance imaging, and LINT. Physical examination revealed 3+ tenderness to palpation of the cervical spine, 3+ tenderness to palpation over the lumbar paravertebral muscles, and 0 degrees to 140 degrees range of motion of the right knee with 3+ tenderness and positive McMurray's sign. Treatment recommendations at that time included continuation of the current medication regimen and a urine toxicology screen. A Request for Authorization form was then submitted on 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Tramadol 20% in Mediderm base, 30 gm; Amitriptyline 10%/Dextromethorphan 10%/Gabapentin 10% in Mediderm base, 30 gm: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended, as there is no peer reviewed literature to support its use as a topical product. Therefore, the current request is not medically appropriate.

Flurbiprofen 20%/Tramadol 20% in Mediderm Base, 210 gm; Amitriptyline 10%/Dextromethorphan 10%/Gabapentin 10% in Mediderm base, 30 gm: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended, as there is no peer reviewed literature to support its use as a topical product. Therefore, the current request is not medically appropriate.