

Case Number:	CM13-0017974		
Date Assigned:	01/03/2014	Date of Injury:	01/10/2012
Decision Date:	03/26/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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 patient is a 42 year old male who reported an injury on 01/10/2012. The patient is diagnosed with lumbar discopathy, cervical discopathy/double crush syndrome, right shoulder impingement syndrome, and left knee pain. A request for authorization form was submitted by [REDACTED] on 08/07/2013, for the compounded medications, Flur/Cyclo/Caps/Lid and Ketop/Lido/Caps/Tram. However, there is no physical progress report submitted on the requesting date. The patient was seen by [REDACTED] on 06/04/2013 with complaints of persistent pain. Physical examination revealed tenderness at the right shoulder, cervical spine, lumbar spine, and left knee. The patient also demonstrated positive axial compression testing, positive Spurling's maneuver, restricted cervical range of motion, dyesthesia at the L5 and S1 dermatomes, and positive patellar compression testing. Treatment recommendations included continuation of Cyclobenzaprine, Tramadol, and Medrox ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound of Flur/Cyclo/Caps/Lid 10%, 2%, 0.0125%, 1% qty 120 date of service 6/26/2013: Upheld

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

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

Decision rationale: California MTUS Guidelines state, 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. There is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There was no physician progress note submitted on the requesting date of 08/07/2013. Furthermore, the only FDA approved topical NSAID is Diclofenac. Guidelines do not recommend muscle relaxants as a topical product. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Compound of Ketop/Lidoc/Cap/Tram 15%, 1%, 0.0125%, 5% qty 120 date of service 6/26/13: Upheld

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

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

Decision rationale: California MTUS Guidelines state, 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. There is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There was no physician progress note submitted on the requesting date of 08/07/2013. Furthermore, the only FDA approved topical NSAID is Diclofenac. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.