

Case Number:	CM13-0031910		
Date Assigned:	02/03/2014	Date of Injury:	10/04/2010
Decision Date:	05/29/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgeon 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 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 patient is a 37 year old male injured on 10/04/10 due to an unspecified mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were discussed in the documentation provided. The clinical documentation indicates the patient complained of chronic low back pain, bilateral leg pain, and depression. Current diagnoses include low back pain with bilateral sciatica. The most recent clinical notes indicate the patient reported a decrease in oral medication as a result of H-wave device usage. Additionally, the patient reported increased ability to perform activities of daily living and greater overall function due to the use of the H-wave device. There was no recent medication list provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND OINTMENT-FLURBIPROFEN 10%, CYCLOBENZAPRINE 1%, GABAPENTIN 6%, LIDOCAINE 2%, PROCAINE 2% IN LIPODERM ACTIVEMAX: APPLY 1.6G GRAMS (1 PUMP) TO PAINFUL AREAS UP TO FIVE TIMES DAILY (8GM DAILY): Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.