

Case Number:	CM13-0032248		
Date Assigned:	03/03/2014	Date of Injury:	09/05/1997
Decision Date:	04/14/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/07/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 injured worker is a 66-year-old individual with a date of injury on September 1997. The injured worker's diagnoses include chronic low back pain, lumbar degenerative disc disease, and lumbar disc herniation at L4- 5 and L5- S1. It is noted in a progress note on date of service September 17, 2013 that the naproxen was discontinued due to hypertension and diabetes mellitus. The disputed issue is a request for topical compounded creams. A utilization review determination had noncertified these requests on the basis that topical flurbiprofen and tramadol are not recommended. The date of the utilization review determination was September 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAM 240G- CAPSAICIN 0.25%, FLURBIPROFEN 20%, TRAMADOL 10%, MENTHOL 2%, CAMPHOR 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify the following regarding topical Analgesics: "Any compounded product that contains at

least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines do not have provisions for topical tramadol. There is an absence of peer review controlled studies on topical tramadol and it is not recommended. Therefore, this compounded formulation containing this product is recommended for non-certification. Although in this injured worker there is some documentation of intolerance to oral medications, any prescribed topical medication must have all compounded ingredients in accordance with the MTUS guidelines.

COMPOUND CREAM 240G- FLURBIPROFEN 20%, TRAMADOL 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify the following regarding topical Analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines do not have provisions for topical tramadol. There is an absence of peer review controlled studies on topical tramadol and it is not recommended. Therefore, this compounded formulation containing this product is recommended for non-certification.