

Case Number:	CM13-0034791		
Date Assigned:	12/11/2013	Date of Injury:	01/03/2005
Decision Date:	01/22/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 52 year old female who sustained a work related injury on 01/04/2005. The mechanism of injury was not provided. Her diagnoses include low back pain, left ankle pain, left knee pain, gastroesophageal reflux, insomnia and stress. On exam, she complains of 7/10 low back pain. There are no reported neurologic abnormalities on exam. She is maintained on medical therapy including topical medications for pain control. The treating provider has requested authorization for compounded topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Gabapentin/Camphor/Capsaicin/Ultraderm compounded drug provided on 8/28/13: 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): 111-113.

Decision rationale: Per California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of

systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there have been no studies of the efficacy of this specific topical analgesic in peer-reviewed literature. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Flurbiprofen/Cyclobenzaprine/Ultraderm compounded drug provided on 8/28/13: 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): 111-113.

Decision rationale: Per California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there have been no studies of the efficacy of this specific topical analgesic in peer-reviewed literature. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.