MAXIMUS Federal Services

Case Number:	CM13-0042957		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2006
Decision Date:	04/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

This is a 37-year-old female patient with a reported work-related injury on 05/12/2006. The mechanism of injury occurred when the patient fell off a bleacher that collapsed, resulting in injury to the back, head, and left leg. Current diagnosis is L5-S1 herniated nucleus pulposus with facet hypertrophy; right-sided L5-S1 radiculopathy. Past treatment has included medication and diagnostics. On 09/2013, the patient reported to the treating physician that bending over to pick up something from the floor, suddenly flared-up low back pain, which gradually increased. The patient treated the pain with over-the-counter Tylenol and stretching exercises for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUR/CYCLO/GABA/CAP/KETO/KET 20/10/10/0.375/20/10% 120GM TRANSDERMAL COMPOUND CREAM FOR DATE OF SERVICE 9/13/13: 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: The CA MTUS Guidelines state compounded topical creams are largely experimental in use with few randomized controlled trials to determine efficacy or safety and

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. Although the patient presented with complaints of intermittent moderate low back pain radiating into her right lower extremity and occasional numbness and increased pain with prolonged sitting, the CA MTUS Guidelines do not support the use of the medication, as it is a compounded product, and topical analgesics are largely experimental and primarily recommended for neuropathic pain. Flurbiprofen is recommended for short-term use (one to two weeks). Cyclobenzaprine is recommended as an option, using a short course of therapy and effect is greatest in the first 4 days of treatment. Gabapentin is recommended for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Ketoprofen is not currently FDA approved for a topical application. Given that the guidelines do not support the use of the medication and the request, the request is non-certified.