

Case Number:	CM13-0043900		
Date Assigned:	03/28/2014	Date of Injury:	06/12/2007
Decision Date:	07/08/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/31/2013

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 Occupational 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 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 injured worker is a 42 year old female who reported an injury to several areas to include the neck, shoulders, wrists, low back, and knees on 06/12/07. The agreed medical evaluation dated 03/25/11 indicates the initial injury occurred in 1997 when she was involved in a motor vehicle accident. The MRI of the cervical spine dated 08/25/10 revealed a two millimeter posterior disc protrusion at C6-7. The MRI of the right wrist dated 08/25/10 revealed mild arthritic changes identified at the 1st metacarpal joint. The note does indicate the injured worker having undergone physical therapy as well as two steroid injections. The injured worker stated she has difficulty with standing, sitting, lying down, and walking. The note indicates the injured worker stating her sleep hygiene was being affected by the ongoing pain. The injured worker rated the pain as 6-9/10 at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF KETOP/LIDOC/CAP/TRAM (PCCA) 15%1%0.0125% LIQ WITH 1 REFILL, #120 FOR 30DAYS: 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 Compounded Medications 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 and the Food and Drug Administration require that all components of a compounded topical medication be approved for transdermal use. This compound contains ketoprofen and Tramadol 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.

PRESCRIPTION OF FLUR/CYCLO/CAPS/LID (NEW) 10%2%0.0125%1% LIQ WITH 1 REFILL, #120 FOR 30 DAYS (DOS 9/26/13): 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 Compounded Medications 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 and the Food and Drug Administration require that all components of a compounded topical medication be approved for transdermal use. This compound contains cyclobenzaprine which has 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.