

Case Number:	CM13-0049814		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2011
Decision Date:	06/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/08/2013

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 Surgery 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 patient is a 45 year old male injured on 06/22/11 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Current diagnoses include crush injury to the left hand, crush injury to the left lower extremity, lumbar spine contusion and sprain, and thoracic spine compression fractures. The clinical note dated 11/27/13 indicates the patient presented complaining of pain in the thoracic spine and lumbar spine with overall improvement in symptoms. The patient did report intermittent pain in the thoracic and lumbar spine particularly over the right side with sitting and prolonged periods of time. The patient indicated no specific pain in the left thigh at that time. He complained of decreased sensation over the right side of his lower back and the flank area. The patient denied numbness or tingling for the upper or lower extremities. The patient described radiating pain extending down to the right thigh intermittently. The documentation indicates previous MRI of the thoracic spine revealed chronic compression fractures resulting in chronic pain. The note indicates the use of compounded topical medications helped to relieve the patient's symptoms. Physical examination revealed no tenderness to palpation of the lumbar spine, right thigh, or left hand. There were no spasms, effusion, neurologic, or sensation deficits present. The patient had full range of motion of the lumbar spine, left hand, and right thigh. Straight leg raise test was negative. The patient was advised to continue with compounded medication which includes Flurbiprofen, Cyclobenzaprine, and Tramadol in addition to independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF FLURBIPROFEN 25% AND 30GM CYCLOBENZAPRINE 10% TRAMADOL 10% 120GM TUBE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, 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. The components of this compound 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 the Prescription Of Flurbiprofen 25% And 30gm Cyclobenzaprine 10% Tramadol 10% 120gm Tube cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.