

Case Number:	CM13-0056732		
Date Assigned:	12/30/2013	Date of Injury:	06/26/2002
Decision Date:	06/20/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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 Neurosurgeon, and is licensed to practice in Texas, and Michigan. 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 71 year-old male who is reported to have sustained work related injuries on 06/26/02. The injured worker is noted to have chronic back pain secondary to a herniated disc. The serial examinations indicate the injured worker ambulates with a cane, and has reduced lumbar range of motion, tenderness and spasm over the paravertebral musculature. The injured worker is maintained on oral medications and a compounded cream. He is compliant with treatment and undergoes routine urine drug screens to asses for complaince.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND (FLUBIPROFEN, CYCLOBENZAPRINE-TRAMADOL) / UDS:
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): 112-133. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Drugs.

Decision rationale: The MTUS Guidelines, Official Disability Guidelines and United States (US) Food and Drug Administration (FDA) do not recommend the use of compounded

medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Flurbiprofen, Cyclobenzaprine and Tramadol which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.