

Case Number:	CM13-0072533		
Date Assigned:	01/17/2014	Date of Injury:	06/01/2011
Decision Date:	05/27/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice 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 50 year-old male who is reported to have sustained work related injuries on 06/01/11. Records indicate the patient sustained an injury to left shoulder. MRI dated 11/12/13 report a partial tear of the subscapularis, full thickness tear of the supraspinatus, partial tear of the infraspinatus with atrophy, anterior and posterior tear of the labrum, and a partial tear of the biceps. The patient later received extracorporeal shockwave therapy. He later underwent a left elbow tendon release which later required revision. The patient has been prescribed a compounded medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 25%/CYCLOBENZAPRINE 0.2% COMPOUNDED DRUG: 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): 112-113.

Decision rationale: The CA MTUS does 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 and cyclobenzaprine 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.