

Case Number:	CM14-0003847		
Date Assigned:	02/10/2014	Date of Injury:	09/14/2011
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/10/2014

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 patient is a 39-year-old male who has filed a claim for knee and leg sprain associated with an industrial injury date of September 14, 2011. The review of progress notes reports improving right knee pain, tenderness, and restricted range of motion. Treatment to date has included FluriFlex, TGHOT, Medrox patches, NSAIDs, physical therapy, extracorporeal shockwave treatment, and arthroscopic surgery to the right knee performed in September 2013. Utilization review from January 05, 2014 denied the retrospective request for tram/gaba/menth/camp/cap 8%/10%/2%/2%/0.5% #180gm (dispensed November 5, 2013) and for flur/cyclo 15%/10% #180gm (dispense November 5, 2013) as there is no guideline support for the use of these compound medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF TRAM/GABA/MENTH/CAMP/CAP 8%/10%/2%/2%/0.5%. #180GM DISPENSED 11/5/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL MEDICATIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: As noted in the California MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding gabapentin, it is not recommended for use as a topical analgesic. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Capsaicin component, California MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. There is no discussion regarding tramadol for topical applications. In this case, progress notes indicate that topical medications were prescribed to minimize possible neurovascular complications, and to avoid complications associated with use of narcotic and NSAID medications. There is no documentation regarding intolerance to first-line oral pain medications. Also, certain components of this compound medication are not suitable for topical application. Therefore, the request for tram/gaba/menth/camp/cap 8%/10%/2%/2%/0.5% #180gm (dispensed 11/05/13) is not medically necessary.

**RETROSPECTIVE PRESCRIPTION OF FLUR/CYCLO 15%/10%, #180GM
DISPENSED 11/5/2013: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL MEDICATIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-113.

Decision rationale: As noted in the California MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little to no research as for the use of flurbiprofen in compounded products. Likewise, cyclobenzaprine has no evidence for use as a topical product. In this case, progress notes indicate that topical medications were prescribed to minimize possible neurovascular complications, and to avoid complications associated with use of narcotic and NSAID medications. There is no documentation regarding intolerance to first-line oral pain medications. Also, the components of this compound medication are not suitable for topical application. Therefore, the request for flur/cyclo 15%/10% #180gm (dispense 11/05/13) is not medically necessary.

