

Case Number:	CM14-0109327		
Date Assigned:	08/01/2014	Date of Injury:	02/26/2013
Decision Date:	12/12/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury February 26, 2013. A utilization review determination dated July 3, 2014 recommends noncertification of a topical compound. A progress report dated June 12, 2014 identifies subjective complaints of "status Post left TKA, you a + opiates." Objective findings identify (illegible) well healed incision. Diagnoses include bilateral knee pain. The treatment plan recommends Norco, Soma, and (illegible). A progress report dated May 21, 2014 recommends avoiding NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Topical: Flurbiprofen 20%/Tramadol 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Regarding the request for Compounded Topical: Flurbiprofen 20%/Tramadol 20%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow

or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Tramadol is not supported in topical form. Within the documentation available for review, there is no indication that the topical NSAID will be prescribed for short-term use. Furthermore, there is no clear rationale for the use of topical tramadol rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Compounded Topical: Flurbiprofen 20%/Tramadol 20% is not medically necessary.