

<b>Case Number:</b>	CM14-0014957		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/06/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Anesthesiology and is licensed to practice in Texas. 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 48 year old male injured on 02/06/09 while attempting to intervene during an altercation sustaining injuries to his low back. The injured worker has undergone lumbar fusion and spinal cord stimulator placement with revision following the initial injury. The clinical documentation dated 10/07/13 indicates the injured worker reports inconsistent benefits from spinal cord stimulator due to difficulty setting the unit properly, consequently having odd pain/tingling sensation along the inside of the thighs and in the groin area as well as down to the feet. The injured worker also reports increased back pain especially on standing and lying down in addition to "spurts" of pain into the right side. The injured worker is working on light duty as a teacher but continues to alternate between sitting and standing 50% of the time. Medications include Dilaudid 12mg three times daily, Methocarbamol 350mg twice daily, Oxycodone three times daily, Trazadone 100mg and Cymbalta at night. Physical examination of the lumbosacral spine revealed decreased range of motion, inability to toe walk, positive straight leg raise bilaterally, Lesegue and Fabre maneuvers are negative bilaterally, muscle strength 5/5 in bilateral lower extremities, sensation intact to pin prick and light touch in all dermatomes, and deep tendon reflexes 1+ to bilateral patella and trace to left Achilles. A clinical note from the time of the request dated 11/05/12 was not provided for review to establish the injured worker's clinical status at that time. The initial request for retrospective pharmacy purchase for date of service 11/05/12 for Ketoprofen powder compound, 30 grams, Cyclobenzaprine powder compound 12 grams, Gabapentin powder compound, 12 grams, and Tramadol powder compound 30 grams was initially non-certified on 01/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE PHARMACY PURCHASE FOR DATE OF SERVICE 11/05/12 FOR KETOPROFEN POWDER COMPOUND 30 GM, CYCLOBENZAPRINE POWDER COMPOUND 12 GM, GABAPENTIN POWDER COMPOUND 12 GM AND TRAMADOL POWDER COMPOUND 30 GM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain 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 provided for review that these types of medications have been trialed and/or failed. Further, the MTUS Chronic Pain Guidelines require that all components of a compounded topical medication be approved for transdermal use. To date, all contents 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 request is not medically necessary and appropriate.