MAXIMUS Federal Services

Case Number:	CM14-0110044		
Date Assigned:	08/01/2014	Date of Injury:	07/09/2002
Decision Date:	09/10/2014	UR Denial Date:	06/26/2014
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 Anesthesiology, has a subspecialty in Pain Medicine 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 59 year old male who sustained an injury on 07/09/02. No specific mechanism of injury was noted. The injured worker had prior surgical intervention including left wrist debridement in 02/03 followed by right wrist fusion and several surgeries for the bilateral elbows and left knee arthroscopy. The injured worker was followed for ongoing complaints of pain in the bilateral upper extremities. Medication history included duragesic patches, Lyrica, Ambien, baclofen, diazepam and Morphine Sulfate Immediate release (MSIR) for breakthrough pain. As of 05/15/14 the injured worker reported continuing complaints of 8/10 visual analog scale pain. At this visit current medications included duragesic 75mcg/hour, Ambien 10mg, Imitrex 100mg, Lyrica 100mg twice daily, MSIR 15mg four times daily and valium 10mg three times daily. Physical examination noted limited range of motion in the cervical spine with paraspinal tenderness to palpation. The injured worker wore wrist braces bilaterally and there was restricted range of motion in the left shoulder due to pain. At this visit the injured worker was reported to be stable on Quazepam. The injured worker denied any side effects from the multiple medications being prescribed. The injured worker was recommended for the use of a neurostimulator. Medications were refilled at this visit including fentanyl, MSIR, Lyrica and Ambien. The requested topical compounded topical medication including tramadol/flurbiprofen/gabapentin and cyclobenzaprine and Quazepam 15mg #30 were denied by utilization review on 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Powder 20%, 30 grams Cream - Retro - Date Of Service Not Specified: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and United States Food and Drug Administration (FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Tramadol which is not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. The rationale for the compounded medication was not specifically discussed. Therefore, this compound cannot be supported as medically necessary.

Flurbiprofen 20%, 30 grams Cream - Retro - Date Of Service Not Specified: 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): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and United States Food and Drug Administration (FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen which is not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. The rationale for the compounded medication was not specifically discussed. Therefore, this compound cannot be supported as medically necessary.

Gabapentin 10%, 30 grams, Cream - Retro - Date Of Service Not Specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin - Anti-Epilepsy Page(s): 49.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines and Unites States Food and Drug Administration (FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains

Gabapentin which is not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. The rationale for the compounded medication was not specifically discussed. Therefore, this compound cannot be supported as medically necessary.

Cyclobenzaprine 10%, 30 grams, Cream - Retro - Date Of Service Not Specified: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and United States Food and Drug Administration (FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Cyclobenzaprine which is not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. The rationale for the compounded medication was not specifically discussed. Therefore, this compound cannot be supported as medically necessary.

Quezapam Tabs 15 mg #30 - Retro - Date Of Service Not Specified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=6a8e1aff-a1ac-4f47-af33-d2fd23c631d6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, the request cannot be supported as medically necessary.