

Case Number:	CM14-0120839		
Date Assigned:	09/16/2014	Date of Injury:	10/25/2013
Decision Date:	11/05/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/31/2014

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 Management 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 46 year old male injured on 10/25/13 when lifting heavy boxes when the injured worker began feeling throbbing pain in the lumbosacral area. The injured worker was initially treated with Flexeril, Tramadol, Norco, physical therapy, aqua therapy, and epidural steroid injection on 04/10/14 with no relief in back pain. Diagnoses include industrial central right L5 to S1 HNP with sciatica, desiccation and foraminal encroachment from bulge, right central L4-5 with foraminal impingement, and chronic bilateral L4-5 radiculopathy. The clinical note dated 06/24/14 indicated the injured worker presented reporting increased pain rated at 9-10/10 without medication. The injured worker reported taking more than prescribed, 1 tablet of Norco. The injured worker reported taking three to four tablets per day, 8 Tramadol per day, and Neurontin 300 milligrams four times a day in addition to Prilosec 20mg daily. The injured worker continued to complain of moderate to severe low back pain and leg pain radiating into the right buttock and dorsolateral thigh, calf, and ankle with weakness. The documentation indicated the injured worker authorized and scheduled for an L4-5, L5-S1 laminectomy/discectomy on 07/30/14. Physical examination revealed 1-2 reflexes at the knees, right ankle trace, left ankle 1, motor strength 4/5 throughout, mild sensory loss to the right L4, L5, and S1 distribution mostly in the thigh and calf, standing range of motion 60 degrees, seated straight leg raising on the right 60 degrees and on the left 70 degrees, diminished right heel walking/toe walking/heel toe raising, deep knee bending diminished on the right, tandem normal, and gait normal. The initial request was noncertified on 07/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen powder 30 grams (DOS 11/12/13): 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment 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. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Flurbiprofen has not been approved for transdermal use. There was no discussion in the documentation regarding the initiation, ongoing use, or reevaluation of this medication. Therefore Flurbiprofen powder 30 grams (DOS 11/12/13) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Tramadol powder 30 grams (DOS 11/12/13): 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment 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. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Tramadol has not been approved for transdermal use. There was no discussion in the documentation regarding the initiation, ongoing use, or reevaluation of this medication. Therefore Tramadol powder 30 grams (DOS 11/12/13) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Cyclobenzaprine powder 12 grams (DOS 11/12/13): 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment 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. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Cyclobenzaprine has not been approved for transdermal use. There was no discussion in the documentation regarding the initiation, ongoing use, or reevaluation of this medication. Therefore Cyclobenzaprine powder 12 grams (date of service 11/12/13) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Gabapentin powder 12 grams (DOS 11/12/13): 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment 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. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Gabapentin has not been approved for transdermal use. There was no discussion in the documentation regarding the initiation, ongoing use, or reevaluation of this medication. Therefore Gabapentin powder 12 grams (DOS 11/12/13) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.