

Case Number:	CM14-0125396		
Date Assigned:	09/16/2014	Date of Injury:	10/15/2013
Decision Date:	12/04/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/07/2014

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 of 10/15/13. A utilization review determination dated 7/23/14 recommends non-certification of compounded flurbiprofen and tramadol. 7/8/14 medical report identifies back and right leg pain. On exam, there is tenderness, spasm, decreased range of motion (ROM), and decreased sensation right lower extremity (RLE). Recommendations include topical medications, lumbar brace, interferential (IF) unit, hot/cold unit, urine toxicology, extracorporeal shock wave therapy (ECSWT), and functional capacity evaluation (FCE).

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded: Flurbiprofen 20% Tramadol 20% 210gm (30mg applied): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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 flurbiprofen/tramadol, 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 non-steroidal anti-inflammatory drugs (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." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the requested compounded flurbiprofen/tramadol is not medically necessary.