

Case Number:	CM14-0128504		
Date Assigned:	08/15/2014	Date of Injury:	09/09/2011
Decision Date:	09/16/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	08/11/2014

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 54 year old female who reported an injury to her low back and knees on 09/09/11. The clinical note dated 06/17/14 indicates the injured worker complaining of intermittent moderate dull, and achy sharp sensation throughout the lumbar region. The note does indicate the injured worker having undergone nine physical therapy sessions to date. There is an indication the injured worker demonstrated an increase in range of motion following the course of treatment. The injured worker also reported a dull, aching sensation at the left knee. Upon exam, the injured worker was able to demonstrate 0 to 135 degrees of range of motion at the knee. Tenderness was identified upon palpation at the L4 and L5 spinous processes as well as the L4 through S1 spinous processes. Range of motion deficits were also identified at the lumbar region to include 30 degrees of flexion and 10 degrees of extension. The agreed medication examination dated 04/22/14 indicates the injured worker unable to walk for more than 15 minutes and unable to stand for more than 45 minutes. There is an indication the injured worker had undergone three epidural injections at the lumbar region in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, tramadol 20% in mediderm base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non steroid anti-inflammatory drugs) Page(s): 111-113.

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

Decision rationale: 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 that these types of medications have been trialed and/or 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. There is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Gabapentin 10%, dextromethorpan 10%, amitriptyline 10% mediderm base 72 hr supply:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non steroid anti-inflammatory drugs) Page(s): 111-113.

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

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