

<b>Case Number:</b>	CM14-0129539		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/30/2007
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Internal 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:

The injured worker is a 39 year old male injured on 08/30/07 when the injured worker opened a spring assisted roll up door of delivery truck when spring device broke causing door to effectively become much heavier and free falling to a closed position resulting in a flexed position of the lumbosacral spine. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. The documentation indicated the injured worker underwent an L5-S1 fusion on 06/14/10 with significant residual lumbar spine pain radiating into the left greater than right lower extremities, surgical reexploration and mini-laminotomy at L5-S1 with resection of osteophyte and nerve root decompression on 04/09/12, with improvement of the left lower extremity radicular symptoms; however, had return of pain, transforaminal epidural injection on 07/23/13 with 50% improvement. Diagnoses include failed back surgery syndrome, lumbar neuralgia, lumbar facet joint pain, sacroiliac joint pain, opioid dependence, and exogenous depression due to chronic pain. Physical examination revealed lumbar ranges of motion painful in all planes, bilateral L3-L5 facet joints tender, minor sign/Braggard's/Kemp's positive, straight leg raise negative bilaterally, L5 and S1 radicular pain intermittent, sensation otherwise intact and symmetrical throughout the bilateral lower extremities, deep tendon reflexes 2/4 at bilateral tendons, 1/4 at bilateral Achilles tendons, motor strength 5/5 throughout the bilateral lower extremities. Medications included Norco 10/325mg 1 tablet every 6 hours, Naproxen 550mg 1 tablet every 12 hours, Flexeril 10mg 1 tablet every 8 hours, Gabapentin 300mg 1 tablet daily, Ambien 10mg 1 tablet QHS, and Lidoderm. Treatment plan included recommendation for left L5 transforaminal selective nerve root epidural injection and spinal cord stimulator trial. The initial request was non-certified on 07/31/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **RETROSPECTIVE FLURBIPROFEN POWDER 30 G DISPENSED 1-28-14: 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.

**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. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, based on guidelines and a review of the evidence, the request for retrospective flurbiprofen powder 30 g dispensed 1-28-14 is not medically necessary.

### **RETROSPECTIVE GABAPENTIN POWDER 12MG DISPENSED 1-28-14: 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.

**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. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Gabapentin Powder 12mg dispensed 1-28-14 is not medically necessary.

### **RETROSPECTIVE CYCLOBENZAPRINE POWDER 12G DISPENSED 1-28-14: 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.

**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. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Cyclobenzaprine Powder 12G dispensed 1-28-14 is not medically necessary.

**RETROSPECTIVE TRAMADOL POWDER 30G DISPENSED 1-28-14:** 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.

**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. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Tramadol Powder 30G dispensed 1-28-14 is not medically necessary.