

Case Number:	CM14-0022133		
Date Assigned:	05/09/2014	Date of Injury:	09/26/2008
Decision Date:	07/10/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/21/2014

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 Family Practice, and is licensed to practice in Tennessee, California, Florida, and Maine. 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 51 year old female injured on 9/26/08 when she fell while transferring a patient from a bed. Emergency room documentation dated 3/11/13 indicated that the injured worker presented with complaints of acute and chronic low back pain which she attempted to alleviate with three hour soak in a hot tub. The injured worker reported acute exacerbation when she attempted to get up from a church pew. The injured worker rated her pain at 10/10 on VAS. Physical examination revealed lumbar spasm and tenderness to palpation. Medications included ibuprofen 600mg, Cyclobenzaprine 5mg, and Hydrocodone 5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOKETO- L 3%/20%/6.15% TRANSDERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 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. There were no recent clinical records submitted for review limiting the ability to substantiate the medical necessity of the requested medication. Furthermore, the California MTUS requires that all components of a compounded topical medication be approved for transdermal use. The components of this compound have not been approved for transdermal use. As such, the request is not medically necessary.