

Case Number:	CM14-0028291		
Date Assigned:	06/13/2014	Date of Injury:	06/13/2011
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/05/2014

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 and 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 42 year old female injured on 06/13/11 due to undisclosed mechanism of injury. Current diagnoses included intervertebral disc displacement of the lumbar spine, sprain and strain of the knee, joint derangement, sprain of the ligament of the ankle, and sleep disturbance. Clinical note dated 02/05/14 indicated the injured worker presented complaining of sharp, stabbing low back and right knee pain with associated muscle spasms rated 7/10. Additionally, the injured worker complained of dull, aching right knee pain with muscle spasms rated 6-7/10. The injured worker also complained of difficulty sleeping due to chronic pain. The injured worker reported symptoms persisted; however, the medications offered temporary pain relief and improved her ability to have restful sleep. Objective findings included ability to perform heel and toe walk with pain, tenderness to palpation of the lumbosacral spine and spinous processes at L3-5, decreased range of motion, positive straight leg raise bilaterally, and positive bilateral Braggard and tripod sign. Additional examination findings included tenderness to palpation of the right knee and right ankle, decreased range of motion of both right knee and right ankle, slightly diminished sensation in L4 and S1 distribution. Treatment plan included consultation with pain management specialist, continue with course of chiropractic treatment, and Terocin patches for pain relief. The initial request for cyclobenzaprine 2%, flurbiprofen 25% 240g, and capsaicin 0.025%, flurbiprofen 50%, tramadol 50%, menthol 2%, and camphor 2% 240g was initially non-certified on 02/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 2%, FLURIBIPROFEN 25% 240GR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), TOPICAL ANALGESICS.

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. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have 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 Capsaicin 0.025%, Fluribiprofen 15 %, Tramadol 15%, Menthol 2%, Camphor 2% 240GR cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

CAPSAICIN 0.025%, FLURIBIPROFEN 15 %, TRAMADOL 15%, MENTHOL 2%, CAMPHOR 2% 240GR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

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. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Both components have 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 Cyclobenzaprine 2%, Fluribiprofen 25% 240GR cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.