

<b>Case Number:</b>	CM14-0028547		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/12/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Preventative Medicine, has a subspecialty in Occupational 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 had a work related injury on 08/12/12 with no documentation of mechanism of injury. The injured worker underwent posterior lumbar interbody fusion at L4 through S1 on 12/14/12. In 10/28/13 the injured worker was diagnosed with retained symptomatic lumbar spinal hardware. Examination revealed well healed midline scar and tenderness at the lumbar paravertebral muscles. There was pain with terminal motion and tenderness over the top of the palpable hardware, not only to deep but also superficial palpation. X-rays showed solid bone consolidation at the levels of L4 to S1. There was some osteolysis around the screws. It was recommended to have removal of lumbar spinal hardware at L4 through S1 with inspection of fusion mass, possible regrafting of pedicle screw holes, and nerve root exploration given the transient extension of the symptomatology in the lower extremities. Hardware removal Nov 2013. A prior utilization review determination dated 02/10/14 non-certified a request for cyclobenzaprine HCl powder 2.4, capsaicin powder .015g, lidocaine powder 1.2, glycerin liquid 30mL, flurbiprofen powder 12g #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HCL POWDER 2.4; CAPSAICIN POWDER .015G; LIDOCAINE POWDER 1.2, GLYCERIN LIQUID 30ML; FLURBIPROFEN POWDER 12G #120:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, COMPOUNDED.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded medications.

**Decision rationale:** The request for cyclobenzaprine HCL powder 2.4, capsaicin powder .015g, lidocaine powder 1.2, glycerin liquid 30mL, flurbiprofen powder 12g #120 is not medically necessary. The request is not supported medically necessary. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal-compounded medication be approved for transdermal use. This compound contains Lidocaine and cyclobenzaprine, which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.