

<b>Case Number:</b>	CM14-0030428		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/07/2007
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Management, and is licensed to practice in California and Nevada. 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 43-year-old who sustained multiple injuries as a result of moving a patient on March 7, 2007. The injured worker has complaints of neck, shoulder and low back pain. Treatment has included a left shoulder surgery performed in 2010. The injured worker has received lumbar epidural steroid injection in 2008 with 3-5 months of relief, facet injections in March of 2013 with two months relief and a left sacroiliac joint injection with 3 months of relief. Electrodiagnostic (EMG [electromyogram]/NCV[nerve conduction velocity]) studies confirm a presence of a L5-S1 radiculopathy. The injured worker received 20+ sessions of physical therapy. The injured worker is currently diagnosed with cervical disc degeneration left shoulder rotator cuff injury and lumbar radiculopathy. It would be noted that the injured worker was undergoing gastrointestinal workup and has been diagnosed with GERD (gastroesophageal reflux disease) and gastritis secondary to medication use. Urine drug screen after interventional procedures was noted to be negative for all medications. It is reported that the injured worker relief was such that she did not require medications. The records include the utilization review determination dated February 14, 2014 in which requests for compounded medications were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline/dextromethorphan/tramadol/penderm transdermal: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, COMPOUNDED MEDICATIONS.

**Decision rationale:** The request for Amitriptyline/dextromethorphan/tramadol/penderm transdermal is not supported as medically necessary. The Chronic Pain Medical Treatment Guidelines, 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: Amitriptyline, Dextromethorphan, and Tramadol 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, is not recommended. The request for amitriptyline/dextromethorphan/ tramadol/penderm transdermal is not medically necessary or appropriate.

**Capsaicin/menthol/camphor/flurbiprofen/penderm transdermal (on 04/02/12):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, COMPOUNDED MEDICATIONS.

**Decision rationale:** The request for Capsaicin/menthol/camphor/flurbiprofen/penderm transdermal is not supported as medically necessary. The Chronic Pain Medical Treatment Guidelines, 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: Flurbiprofen which has 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, is not recommended. The request for capsaicin/menthol/camphor/flurbiprofen/penderm transdermal is not medically necessary or appropriate.