

Case Number:	CM14-0030437		
Date Assigned:	06/20/2014	Date of Injury:	02/05/2012
Decision Date:	08/11/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	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 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 60 year old female who sustained an injury on 02/05/12 when she was accidentally kicked in the abdomen. The injured worker developed complaints of pain in the lumbar spine radiating to the right lower extremity. The injured worker had been found to have acute L5 radiculopathy to the right on electrodiagnostic studies. The injured worker had been recommended for an L4-5 and L5-S1 posterior lumbar interbody fusion in July of 2013. The prior treatment had included extracorporeal shockwave therapy and multiple injections. The injured worker has been noted to have a prior right hip arthroscopy with chondroplasty as well as physical therapy. The medication management had included the use of tramadol for pain. The injured worker's right hip arthroscopy was completed on 11/27/13. It appeared the injured worker was released from physical therapy by 02/24/14. There were no specific assessments regarding the injured worker's current recommendations for compounded topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%/Flubiprofen 15%/Tramadol 15%/Menthol 2%/ Camphor 2% 240 gms:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines and United States Food and Drug Administration (FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen and Tramadol which are not approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, this compound cannot be supported as medically necessary.