

Case Number:	CM14-0030892		
Date Assigned:	06/20/2014	Date of Injury:	11/14/2001
Decision Date:	07/25/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/11/2014

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 California. 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 64 year old female who had a work-related injury on 11/14/01. The injured worker, walked into a ladies room stall and slipped on water and fell on both knees, hips, and elbows. The injured worker underwent L4 through S1 posterior lumbar interbody fusion. L4 S1 placement of rigid fixation when pedicle screws. L4 through S1 laminectomy and with decompression. Surgery occurred in 06/14. Physical examination on 05/05/14 of lumbar spine was unchanged. There was tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive. There was dysesthesia at L5 and S1 dermatomes. Weakness of legs is noted. There is progressive neurological deficit noted. Diagnosis was L4-5, L5-S1 herniated nucleus pulposus with annular tear. Status post surgery L4 through S1 interbody fusion, with rigid segmental internal fixation. Prior utilization review dated 02/06/14 was non-certification. Current request is for purchase of gabapentin 10% #120, Cooleeze #10, and flurbiprofen 10% #3 120g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Gabapentin 10% #120, Cooleeze #10, and Flurbiprofen 10% #3 120gms.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page(s) 111 Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound drugs.

Decision rationale: The request for pharmacy purchase of Gabapentin 10% #120, Cooleeze #10, and Flurbiprofen 10% #3 120gms, is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US Food and Drug Administration 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: gabapentin, 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.