MAXIMUS Federal Services

Case Number:	CM14-0031412		
Date Assigned:	08/15/2014	Date of Injury:	01/25/2011
Decision Date:	10/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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, 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 61 year old female who sustained an injury on 01/25/11 when she slipped and fell. The injured worker injured her neck, low back, and left ankle. Prior treatemnt included the use of medications such as Vicodin, Flexeril, Tramadol, and topical compounded creams. The injured worker did attend both physical and aquatic therapy. The injured worker's compounded medication including diclofenac and tramadol was denied on 01/21/14. The clinical report dated 01/13/14 stated that the injured worker had stable pain that had been well controlled with medications. The physical exam noted an antalgic gait with noted spasms and tenderness to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Diclofenac 25%, Tramadol 15%, 240 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: In review of the clinical documentation provided, the requested topical compounded medication that includes diclofenac and tramadol would not be supported as

medically necessary per current evidence based guideline recommendations. The CA MTUS Chronic Pain Treatment Guidelines and US 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 Tramadol which is not approved for transdermal use. The clinical documentation provided 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.