

Case Number:	CM14-0034158		
Date Assigned:	03/21/2014	Date of Injury:	03/07/2012
Decision Date:	06/09/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/19/2014

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 Orthopedic Surgery and is licensed to practice in Maryland. 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 patient is a 56 year-old female who is reported to have sustained a work related injury on 03/07/12. The mechanism of injury is not described. The patient has multiple diagnoses which include: lumbar sprain, left shoulder strain, lateral epicondylitis, wrist extensor tendonitis, rotator cuff tendonitis. The patient has diffuse myofascial pain. The patient was prescribed a topical compounded medication to reduce her narcotic medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/ CYCLOBENZAPRINE COMPOUNDED PHARMACEUTICAL MUSCLE RUB: Upheld

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

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, Compound Drugs and the FDA.

Decision rationale: 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 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.