

Case Number:	CM14-0037708		
Date Assigned:	07/11/2014	Date of Injury:	01/23/2012
Decision Date:	09/12/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/28/2014

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 50 year old male who sustained an injury on 01/23/12 when he was riding in a truck with poor suspension and developed severe complaints of low back pain. The injured worker had prior surgical intervention to the lumbar spine including facetectomy decompression at L2-3. The injured worker was followed by pain management and prescribed Norco and pantoprazole for pain control. The injured worker was also followed for concurrent psychological complaints due to chronic pain as of 01/14/14 the injured worker had continuing complaints of low back pain radiating to the lower extremities. On physical examination the injured worker had a slightly antalgic gait and ambulated with a cane. There was tenderness to palpation in the paraspinal musculature of the thoracolumbar spine. There was generalized weakness in the right lower extremity. Medications at this visit included hydrocodone 10/325mg and pantoprazole 20mg. Transdermal compounds were also prescribed at this visit. Follow up on 03/18/14 noted unchanged complaints in the low back. There was consideration for further surgery versus spinal cord stimulator. Physical examination findings remained unchanged. Hydrocodone and pantoprazole were continued at this visit. There was still recommendation for transdermal compounds. The requested compounded medication including flurbiprofen 25%, cyclobenzaprine 2%, and 240 gram gabapentin 10%, lidocaine 5%, tramadol 15% with lidocaine was denied by utilization review on 02/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Flurbiprofen 25%, Cyclobenzaprine 2%, and 240 gram Gabapentin 10%, Lidocaine 5%, Tramadol 15%: 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): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule 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, Cyclobenzaprine, Gabapentin, and Tramadol which are 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.