

Case Number:	CM14-0039292		
Date Assigned:	06/27/2014	Date of Injury:	03/23/2006
Decision Date:	08/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 52 year old male injured on 03/23/06 due to undisclosed mechanism of injury. Current diagnoses included thoracic spine sprain/strain, lumbar spine degenerative disc disease with radiculitis, bilateral hip osteoarthritis, left more severe, right knee osteoarthritis/tendinosis, status post left knee arthroscopy and severe osteoarthritis, morbid obesity, depression, and insomnia. Clinical note dated 02/27/14 indicated the injured worker presented complaining of moderate pain in the mid/upper back, low back, bilateral hips, and right knee with no significant improvement. The injured worker also complained of depression and insomnia. Objective findings included tenderness to palpation with palpable spasm over the paraspinal muscles of thoracic spine with restricted range of motion. The injured worker also exhibited tenderness to palpation with palpable spasm over paraspinal muscles and restricted range of motion in the lumbar spine. Physical examination revealed tenderness to palpation without spasm. There was restricted range of motion of both bilateral hips and right knee. The injured worker utilized cane for ambulation. Treatment plan included home exercise program, topical analgesics, left knee custom support, extracorporeal shockwave therapy to the right knee, and authorization for surgical intervention. The initial request for flurbiprofen powder/cyclobenzaprine powder/Ultram base (15% 10%) 180g, tramadol/gabapentin powder/menthol/camphor/capsaicin/Ultraderm base (8% 10% 2% 0.5%) 180g was non-certified on 03/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Powder/Cyclobenzaprine Power/Ultram Base (15%10%) 180grms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the FDA.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. The components of this compound have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Flurbiprofen Powder/Cyclobenzaprine Power/Ultram Base (15%10%) 180grams cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Tramadol/Gabapentin Powder/Menthol/Camphor/Capsaicin/Ultraderm Base (8%10%2%0.5%) 180gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Topical medications Page(s): 111/ 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the FDA.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Tramadol and Gabapentin have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Tramadol/Gabapentin Powder/Menthol/Camphor/Capsaicin/Ultraderm Base (8%10%2%0.5%) 180gms cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

