MAXIMUS Federal Services

Case Number:	CM14-0039743		
Date Assigned:	06/27/2014	Date of Injury:	04/17/2012
Decision Date:	08/14/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 Family 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:

This injured worker's date of injury is 04/17/2012. The patient receives treatment for chronic low back pain and bilateral knee pain. The patient underwent an epidural decompression neuroplasty of the lumbar roots from L4 - S1 with bilateral facet blocks on 11/12/2012 and 12/18/2012. Electrodiagnostic studies performed on 04/15/2013 showed a normal EMG. The NCV suggested left tibial neuropathy. The patient received acupuncture. The primary treating physician's progress report dated 01/09/2014 is hard to read. This review is for two different compounded topical anesthetics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: FlurLido (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) - 240GM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Topical analgesics are considered experimental and not recommended when used to treat chronic musculoskeletal pain. In addition, any compounded product that contains

one or more drugs or class of drugs that is not recommended, the compounded medicinal is not recommended. Flurbiprofen is an NSAID. Topical NSAIDS are not medically indicated for any type of chronic pain. Amitriptyline is an anti-depressant. There is no medical evidence to recommend its use in a topical formulation to treat any condition. The request for FlurLido is not medically indicated for this patient with chronic back and knee pains. Therefore, the request is not medically necessary.

Compound medication: UltraFlex-G (Gabapentin 10%/Cyclobenzaprine 6%, Tramadol 10%) - 240GM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient has chronic low back pain and knee pain. Topical analgesics are considered experimental and not recommended when used to treat chronic musculoskeletal pain. In addition, any compounded product that contains one or more drugs or class of drugs that is not recommended, the compounded medicinal is not recommended. Gabapentin is an anti-epileptic drug. Gabapentin is not medically indicated to treat chronic pain when used in a topical formulation. Cyclobenzaprine is a muscle relaxer. Cyclobenzaprine is not medically indicated to treat chronic pain when used in a topical formulation. Tramadol is a synthetic opioid. There is no medical evidence that tramadol is effective when used in a tropical formulation. Ultraflex-G is not medically indicated to treat this patient. Therefore, the request is not medically necessary.