

Case Number:	CM14-0041535		
Date Assigned:	06/30/2014	Date of Injury:	11/30/2011
Decision Date:	09/15/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 48 year old female who sustained work related injuries on 11/30/11. On this date she was going up an escalator when it suddenly stopped and a woman in front of her lost her balance and fell on to her. The injured worker managed to prevent a fall by holding to the side railings. As a result of the incident, the injured worker developed pain to the right hand, right shoulder, neck and left knee. The injured worker sought treatment on the same day and was referred for x-rays. The injured worker was provided oral medications and was released to work without restrictions. The injured worker underwent extensive conservative treatment secondary to chronic complaints of low back and upper extremity pain. A recommendation was made for the injured worker to use compounded medications. A utilization review determination dated 02/28/14 non-certified requests for two compounded medications. The first contained flurbiprofen 20% and tramadol 20% 30g and a second contained gabapentin 10%, dextromethorphan 10%, amitriptyline 10%, and Mediderm base 30 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound medication cream: 30 grams Furbiprofen 20% / Tramadol 20% in mediderm base: 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): 111-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

Decision rationale: California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration (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 20% and tramadol 20% 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 is not recommended. Therefore, the request is not medically necessary.

Topical compound medication cream: 30 grams Gabapentin 10% / Dextromethorphan 10% / Amitriptyline 10% in mediderm base: 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): 111-114.

Decision rationale: The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration (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: Gabapentin 10%, Dextromethorphan 10%, and Amitriptyline 10% 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 is not recommended. Therefore, the request is not medically necessary.