

Case Number:	CM14-0042495		
Date Assigned:	06/30/2014	Date of Injury:	05/06/2005
Decision Date:	08/20/2014	UR Denial Date:	03/21/2014
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 59 year old male who sustained an injury on 05/06/05. No specific mechanism of injury was noted. The injured worker had been followed for complaints of chronic low back pain radiating to the groin following a prior lumbar fusion. The injured worker had been followed by pain management and was being prescribed multiple medications to include Mobic, Prilosec, Neurontin, Flexeril and Ultram. The clinical report from 03/03/14 noted the injured worker had persistent complaints of low back pain radiating to the left side of the groin. Physical examination did note tenderness to palpation of the lumbar paraspinal musculature with loss of sensation from L3 through S1 bilaterally. There was noted weakness at the feet on dorsiflexion and eversion. The injured worker was recommended for a functional capacity evaluation at this evaluation and continued on a home exercise program. The injured worker was recommended to start topical medications. The requested compounded topical medications to include Ketoprofen, cyclobenzaprine and Lidocaine as well as a separate compounded topical medication including flurbiprofen, capsaicin, menthol and camphor were both denied by utilization review on 02/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Cyclobenzaprine 3% and Lidocaine 5% cream/gel, QTY: 1 container:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,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 ketoprofen and Cyclobenzaprine which are not approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Furthermore, there was no rationale regarding the use of multiple non-steroidal anti-inflammatory drug components as there was a separate compounded topical medication using Flurbiprofen. Therefore, this compound cannot be supported as medically necessary.

Flurbiprofen 10%, Capsaicin 0.025%, Menthol 25%, and Camphor 1% cream/gel, QTY: 1 container: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,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 which are not approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Furthermore, there was no rationale regarding the use of multiple non-steroidal anti-inflammatory drug components as there was a separate compounded topical medication using ketoprofen. Therefore, this compound cannot be supported as medically necessary.