

Case Number:	CM14-0042534		
Date Assigned:	06/30/2014	Date of Injury:	01/28/2005
Decision Date:	08/21/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/09/2014

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 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:

The injured worker is a 51 year old female who had a work related injury on 01/28/05. She slipped and fell on a wet floor. Accepted injuries are the bilateral shoulders, legs, and lumbar spine. She is status post gastric bypass surgery in 2000 and has reported difficulties with ability to utilize oral medication as a result. She is status post L1-2 fusion in 04/2009 and had a spinal cord stimulator implant on 02/18/12 with reported 80% coverage of her pain. This was explanted on 05/14/13 due to infection. Spinal cord stimulator (SCS) re-implantation was done on 07/30/13. Post this implant she was continuing with the use of Fentanyl 25mcg per hour with Fentanyl 12mcg per hour added for postoperative pain. Never showing a decrease in the use of her medication post either spinal cord stimulator implant. She was also provided Morphine Sulfate IR 30mg. The most recent medical record submitted for review is dated 02/04/14. It is noted that the injured worker reports that the SCS does not provide any pain relief and stimulation is uncomfortable and painful. On physical examination, there were no lesions noted in the skin. Neurological exam, full strength in the bilateral lower and upper extremities. Upper and lower extremities reflexes are 2+ bilaterally. Sensory is intact to light touch and proprioception. The injured worker ambulates with no assistive aids, in the upright and normal posture. No gross gait abnormality. No atrophy, erythema, no swelling, no signs of infection in the back. Tenderness to palpation in the lower paraspinals, no bony or soft tissue abnormalities. Decreased active range of motion and passive range of motion. Facet loading is positive for bilateral lower back pain. Prior utilization review dated 03/12/14 was non-certified for the compounded medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% / gabapentin 10% / cyclobenzaprine 10% Topical Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page(s) 111 Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, compound drugs.

Decision rationale: The request for Flurbiprofen 20% / gabapentin 10% / cyclobenzaprine 10% Topical Cream is not medically necessary. 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 and cyclobenzaprine 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 and therefore not medically necessary.