

<b>Case Number:</b>	CM14-0044739		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/11/1988
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 75 year old male who sustained multiple injuries as a result of cumulative work related trauma between 10/11/88 and 04/13/10. The injured worker underwent surgical procedures to the left ankle, right hand, and bilateral shoulders. The records suggested that the injured worker was retired from work. MRI of the right shoulder dated 10/28/13 indicated the injured worker was status post rotator cuff surgery with obscuration of the insertion site of the supraspinatus and infraspinatus tendons there was glenohumeral osteoarthritis with labral fissuring. There was acromioclavicular osteoarthritis. MRI of the left shoulder on 10/28/13 noted status post rotator cuff surgery with extensive magnetic susceptibility artifact obscuring visualization of the supraspinatus and infraspinatus tendons, acromioclavicular osteoarthritis, and glenohumeral osteoarthritis with labral fissuring. MRI of the left ankle dated 10/28/13 noted significant osteoarthritic changes, posterior tibialis tenosynovitis, plantar calcaneal spurring, plantar fasciitis with subcutaneous edema. MRI of the right knee dated 10/28/13 showed tricompartmental osteoarthritic changes with oblique tear of the posterior horn of the medial meniscus. Utilization review determination dated 03/07/14 non-certified prescriptions for compounded medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Flurbi/Diclo 25/10%, 30 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

**Decision rationale:** The request for Flurbi/Diclo 25/10%, 30g is not supported as medically necessary. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US 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 which has 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.

**One prescription for Amitrip/Dextro/Trama 4/10/20%, 30 gm:** 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): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medication.

**Decision rationale:** The request for Amitrip/Dextro/Trama 4/10/20%, 30g is not supported as medically necessary. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US 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: Amitriptyline, Dextromethorphan, and Tramadol 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.

**One prescription for Caps/Menth/Camp/Trama 0.0375/10/2.5/20%, 30 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

**Decision rationale:** The prescription for Caps/Menth/Camp/Trama 0.0375/10/2.5/20%, 30g is not supported as medically necessary. California Medical Treatment Utilization Schedule, the

Official Disability Guidelines and US 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: Tramadol which has 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.