

Case Number:	CM14-0050335		
Date Assigned:	06/25/2014	Date of Injury:	11/08/2013
Decision Date:	07/31/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine and Rehabilitation, 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 39 year old male who suffered work related injuries on 11/08/13. The mechanism of injury was not documented. The only documentation submitted for review which had any reference to the injury of the injured worker was from the utilization review on 03/11/14, which noted that the injured worker was being treated for acute injuries consisting of a large laceration with fracture of the left middle finger and right orbital trauma with sub conjunctival hemorrhage. This was a retrospective request for one prescription for compounded national compound meds dispensed on 12/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription for 240 gm Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/Menthol 2 %/Camphor 2% - National (compound meds). Dispensed on 12/16/2013: 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): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound drug.

Decision rationale: The request for Retrospective request for 1 transdermal compound: Cyclobenzaprine 2%/Flurbiprofen 25%, 240gm. The MTUS Chronic Pain Guidelines and the Official Disability Guidelines 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: Cyclobenzaprine 2%, 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 is not recommended by the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.

Retrospective request for 1 prescription for 240gm Flurbiprofen 25%/Cyclobenzaprine 2% - National (compound meds). Dispensed on 12/16/2013: 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): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound drug.

Decision rationale: The MTUS Chronic Pain Guidelines and the Official Disability Guidelines 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 15%, 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 is not recommended by the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.