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| Case Number: | CM14-0050399 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 11/08/2013 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 03/03/2014 |
| 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, 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 records reflect that the injured worker sustained a laceration and crush injury to the left distal phalanx (tuft fracture) and right orbital trauma with sub conjunctival hemorrhage. Treatment has included oral medications, splinting, physical therapy, and chiropractic care. Imaging studies reveal a non-displaced comminuted fracture of the left distal phalanx and tuft fracture. A utilization review determination dated 03/03/14, non-certified retrospective requests for one prescription for 240g of compounded Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15% menthol 2% and Camphor 2% dispensed on 12/31/13 and one prescription for 240g of Flurbiprofen 25%, Cyclobenzaprine 2% national compound meds dispensed on 12/31/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 transdermal compound: Cyclobenzaprine 2%/Flurbiprofen 25%, 240gm. Dispensed on 12/31/2013: 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): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medication.

Decision rationale: The records contain no data indicating the injured worker is incapable of injecting oral medications. There is no information to establish efficacy. The Medical Treatment Utilization Schedule, The Official Disability Guidelines and the 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: Cyclobenzaprine 2%, and Flurbiprofen 25% 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 for use. As such, the request is not medically necessary.

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