

Case Number:	CM14-0054248		
Date Assigned:	07/07/2014	Date of Injury:	03/15/2012
Decision Date:	12/31/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/23/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 43-year-old female with a 3/15/12 date of injury. According to a progress report dated 1/23/14, the patient complained of pain in the coccyx and buttock area. Objective findings included tenderness noted over the right shoulder and lower back, range of motion is decreased. Diagnostic impression includes compression-contusion injury to the right shoulder (rule out internal derangement and diabetic frozen shoulder), musculoligamentous strain of the lumbar spine, and compression-contusion injury of the coccyx. Treatments to date are medication management and activity modification. A UR decision dated 3/24/14 denied the request for topical cream (Tramadol and Flurbiprofen). Guidelines indicate there is little or no research to support the use of many of these compounded agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical cream Tramadol 15% and Flurbiprofen 20%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of Tramadol or Flurbiprofen in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, based on the medical evidence provided and the guidelines, this request is not medically necessary.