

Case Number:	CM14-0057201		
Date Assigned:	07/09/2014	Date of Injury:	05/25/2013
Decision Date:	09/15/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 50 year old female whose date of injury is 05/25/13. The mechanism of injury is developed low back pain with radiation into the lower extremities as the result of lifting propane bottles. On this date the injured worker got onto a golf cart and felt a pop. Lumbar MRI dated 07/08/13 revealed at L4 to L5 there is a 4 millimeter left sided disc extrusion. The extruded disc encroaches upon the ventral aspect of the thecal sac as well as the emerging left L5 nerve root. Electromyography and nerve conduction studies (EMG/NCV) dated 12/17/13 revealed evidence consistent with acute right L5 radiculopathy and chronic left L5 radiculopathy. On physical examination there is diminished sensation in the L4 to L5 pattern bilaterally, strength is T/5 throughout and deep tendon reflexes are 2 plus. The record contains a utilization review determination dated 03/27/14 in which requests for compounded medications which contain Gabapentin and Tramadol and a second compound which contains Flurbiprofen, Cyclobenzaprine, Baclofen, and Lidocaine were noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin/Tramadol 2/19/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compounded Medications.

Decision rationale: The request for a compounded medication which contains Gabapentin and Tramadol is not medically necessary. The 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 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.

Retrospective Flurbiprofen/cyclobenzaprine/Baclofen/Lidocaine 2/19/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medication.

Decision rationale: The request for a compounded medication which contains Flurbiprofen, Cyclobenzaprine, Baclofen, and Lidocaine is not medically recommended. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration 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, Cyclobenzaprine, and Baclofen 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.