

<b>Case Number:</b>	CM14-0079880		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 42 year old male injured on 07/08/11 due to undisclosed mechanism of injury. Diagnoses included lumbar spine strain/sprain, lumbar spine discopathy, and lower extremities radiculitis. Clinical note dated 11/14/13 indicated the injured worker presented reporting no change in previous complaints. The injured worker continued to await authorization to begin LINT therapy/pool therapy. The injured worker reported medications were helpful in pain treatment. Review of utilization review denying topical ointment took place. Physical examination revealed paralumbar muscle tenderness; range of motion was stiff/achy/limited, positive straight leg raise, mildly diminished right lower extremity sensation. Sensation appeared to be improving. Treatment plan included recommendation for continued formal pool therapy program for the lumbar spine two times a week for an additional six weeks due to increased range of motion and decreased symptomology, TENS unit for home use, and prescriptions including Condrolite, Anaprox DS, Omeprazole, and Hydrocodone. There was no other clinical documentation submitted for review. The initial request for topical analgesics was non-certified on 05/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/Flurbiprofen/Penderm (unspecified quantity), DOS 10/18/12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. As such, Diclofenac/Flurbiprofen/Penderm (unspecified quantity), DOS 10/18/12 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

**Amitriptyline/Dextromethorphan/Tramadol/Penderm (unspecified quantity), DOS 10/18/12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Amitriptyline/Dextromethorphan/Tramadol/Penderm (unspecified quantity), DOS 10/18/12 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.