

Case Number:	CM14-0085910		
Date Assigned:	07/23/2014	Date of Injury:	07/01/2001
Decision Date:	09/24/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal Medicine and is licensed to practice in California. 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 61-year-old male injured on 07/01/01 due to undisclosed mechanism of injury. Diagnoses included lumbar disc protrusion/muscle spasm/musculoligamentous injury/radiculopathy, right shoulder impingement syndrome/myoligamentous injury/myospasm, and right hip pain. Clinical note dated 05/01/14 indicated the injured worker presented complaining of lumbar spine pain described as moderately dull, achy low back pain radiating to the right lower extremity into the foot rated 4/10. The injured worker also complained of right shoulder pain rated 3/10 increased with activities of daily living. Complaints of right hip pain rated 3/10 decreased with medication and rest, loss of sleep, and complaints of depression and anxiety were reported. Physical examination revealed use of cane to ambulate, tenderness to palpation of the L3-S1 spinous process, lumbar paravertebral muscle and right gluteus, muscle spasm of the lumbar paravertebral muscles, positive Kemp, tenderness to palpation of the anterior shoulder and posterior shoulder on the right, muscle spasm of the anterior right shoulder, tenderness to palpation of the right hip with muscle spasm of the posterior hip. The injured worker was recommended to follow up with physician for medication management. Prior clinical documentation dated 04/28/14 indicated medication regimen consisted of naproxen, pantoprazole, Fexmid, Norco, Ambien, Zofran, and compounded topical analgesic. The initial request for compounded medication was denied on 05/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Tramadol 20% in medium base 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics-Compounded.

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, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be 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, Flurbiprofen 20% Tramadol 20% in medium base 240gm cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines therefore, this request is not medically necessary.

Gabapentin 10% amitriptyline 10% dexamethorphan 10% in medium base 240gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics-Compounded.

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, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be 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 Gabapentin 10% amitriptyline 10% dexamethorphan 10% in medium base 240gm cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines therefore, this request is not medically necessary.