

Case Number:	CM14-0090108		
Date Assigned:	07/23/2014	Date of Injury:	12/01/2003
Decision Date:	09/26/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/16/2014

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 49 year old male who reported an injury to his low back and lower extremities. The discogram dated 09/27/10 indicated the injured worker undergoing procedure at L3-4, L4-5, and L5-S1. The injured worker had significant past medical history involving diabetes mellitus. The utilization review dated 06/12/14 resulted in denial for topical analgesics as insufficient information was published in peer reviewed literature supporting the use of these medications. A clinical note dated 05/09/14 indicated the injured worker continuing with complaints of low back pain. The injured worker also stated he was experiencing bilateral lower extremities radiculopathy. The injured worker described the pain as shooting stabbing sensation. Upon exam, the injured worker reported weakness in the lower extremities. Calf pain was elicited with ambulation. The injured worker demonstrated 30 degrees of lumbar flexion, 10 degrees of extension, 20 degrees of bilateral rotation, and 5 degrees of bilateral tilt. No reflex deficits were identified in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 15/10% 240gm cream: Upheld

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

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

Decision rationale: 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. There is no indication in the documentation that these types of medications have been trialed and/or 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, based on guidelines and a review of the evidence, the request is not medically necessary.

TGHot 8/10/2/2/.05%gm Cream: Upheld

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

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

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