

Case Number:	CM14-0096574		
Date Assigned:	07/28/2014	Date of Injury:	07/01/2000
Decision Date:	09/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 67 year old female who is reported to have sustained work related injuries on 07/01/00. The mechanism of injury is not described. The injured worker is reported to be approximately 8 months status post ACDF (anterior cervical discectomy and fusion) at C5 through C7. There is a report of pseudoarthrosis with no loosening of hardware. However, the record contains a CT dated 03/26/14 which notes the fusion to be intact. On serial physical examinations, the injured worker has reduced cervical range of motion and tenderness and spasm of the cervical paraspinal musculature. Reflexes are 2+ and symmetric. The record contains a utilization review determination dated 05/27/14 in which requests for Prilosec 20mg #60; Flurbiprofen 15%/Cyclobenzaprine 10%, 180 grams; and Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, and Capsaicin 0.05%, 240 grams was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 one capsule twice daily as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary -Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The submitted clinical record provides absolutely no data which establishes that the injured worker has NSAID induced gastritis secondary to the chronic use of medications. As such, per MTUS guidelines, there would be no clinical indication for this medication. The request for Prilosec 20mg #60, 1 capsule twice daily as needed is not supported as medically necessary.

Flurbiprofen 15%/Cyclobenzaprine 10%/180 gm, apply thin layer to AA twice daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDS. Decision based on Non-MTUS Citation FDA.

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. (electronically sited).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), the Official Disability Guidelines (ODG) and the US 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: Flurbiprofen 15%/Cyclobenzaprine 10% 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 is not recommended. Therefore, the request is not medically necessary.

Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%, 240 gm apply thin layer to AA twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, AED, Capsaicin. Decision based on Non-MTUS Citation FDA.

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: California Medical Treatment Utilization Schedule (MTUS), the Official Disability Guidelines (ODG) and US 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: Tramadol 8% and Gabapentin 10%, 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 is not recommended. Therefore, the request is not medically necessary.

