

Case Number:	CM14-0120642		
Date Assigned:	09/16/2014	Date of Injury:	12/06/2012
Decision Date:	11/21/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational Medicine, Pain Medicine and Manipulation 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 patient is a 44-year-old male bus driver who sustained an industrial injury on December 6, 2012. The patient reports feeling sudden pain in his low back due to bad and outdated seating in the bus. He is currently complaining of low back pain with left lower extremity radiation. The patient is diagnosed with lumbar disc displacement HNP, lower extremity radiculitis, anxiety, and mood disorder. The medical records indicate that the patient is currently temporally totally disabled. The patient is being prescribed multiple compounded medications. Utilization review dated July 16, 2014 non-certified the request for topical compound medication Cyclobenzaprine/Tramadol/Flurbiprofen/Versapro Quantity 210. Date of Service: 6/17/14 and Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor Quantity 210. Date of Service: 6/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine/Tramadol/Flurbiprofen/Versapro, quantity 210, date of service: 6/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Neither, Cyclobenzaprine, Tramadol or Flurbiprofen is supported in a topical application. As such, the request for Cyclobenzaprine/Tramadol/Flurbiprofen/Versapro, quantity 210, dates of service: 6/17/14 is not medically necessary.

Retrospective Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor, quantity 210, date of service: 6/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol and Flurbiprofen are not supported in a topical application. As such, the request for Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor, quantity 210, dates of service: 6/17/14 is not medically necessary.