MAXIMUS Federal Services

Case Number:	CM14-0137870		
Date Assigned:	09/05/2014	Date of Injury:	06/20/1994
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 48 year old male injured on 06/20/94 due to an undisclosed mechanism of injury. The documentation indicated the injured worker is status post L4-5 and L5-S1 fusion with continued pain in the right greater than left low back with radiation to the bilateral lower extremities, right greater than left. Diagnoses included lumbar fusion, low back pain, muscle spasms, thoracic or lumbosacral neuritis or radiculitis, facet arthropathy, psoriasis and similar disorders, knee pain, lumbago, pain in the joint of the lower leg. The clinical note dated 08/08/14 indicated the injured worker presented with continued complaints of right sided back pain and bilateral lower extremity and knee pain. The injured worker is status post bilateral Supartz injections with improvement in right knee inflammation and pain by approximately 50%. The injured worker also underwent right L5-S1 selective nerve root block on 01/29/14 which decreased right sided back and leg pain; however, the injured worker reported a return of symptoms. The documentation indicated the injured worker previously treated with Toradol injection and trigger point injections for temporary relief of back pain. Examination revealed decreased cervical range of motion, motor strength 5/5 in the bilateral upper and lower extremities, palpable muscle spasms across the back left greater than right, psoriatic lesions close to the surgical scar as well as on the larynx, positive straight leg raise on the right, tenderness over the right sciatic notch, trigger points identified in the paralumbar region, increased pain on lumbar extension and rotation, tenderness over facet joints, negative Patrick test at the hips. Physical examination of the knees revealed improved tenderness across the bilateral knees, no erythema/edema/effusion, tenderness and tightness of the bilateral hamstrings, brace over the left knee. Treatment plan included repeat of right L5 and S1 selective nerve root block in addition to left selective nerve root block, trial of spinal cord stimulation, updated MRI of the lumbar and thoracic spine, pain psychology evaluation, repeat bilateral knee MRI, and prescriptions for

Gabapentin, Norco, Ambien, and Clobetasol cream. The injured worker received left intraarticular knee injection during office visit. The documentation indicated prior trial sample of compounded cream was noted to be helpful for pain. Initial request was non-certified on 08/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Topical Compound: Tramadol, Gabapentin, Cyclobenzaprine, Flurbiprofen (unspecified): Upheld

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

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. This compound contains Tramadol, Gabapentin, Cyclobenzaprine, and Flurbiprofen 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 based on guidelines and a review of the evidence, Retrospective request for Topical Compound: Tramadol, Gabapentin, Cyclobenzaprine, Flurbiprofen (unspecified) is not medically necessary.