

Case Number:	CM14-0077376		
Date Assigned:	07/18/2014	Date of Injury:	01/28/2013
Decision Date:	09/30/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 42 year old male who sustained an injury on 01/28/13 while lifting items. The injured worker developed complaints of pain into the low back. Prior treatment has included lumbar epidural steroid injection at L5-S1. The most recent evaluation for the injured worker was 02/19/14 the injured worker reported continuing complaints of low back pain despite physical therapy, acupuncture, and chiropractic treatment. Medications did include Ibuprofen and Norco. The injured worker's physical exam noted limited range of motion in the lumbar spine without evidence of neurological deficit with the exception of some diminished sensation in the left L5-S1 distribution. Straight leg raise was reported as positive to the left at 60 degrees. The requested topical compounded medications that included flurbiprofen, tramadol, cyclobenzaprine, gabapentin, dextromethorphan, and amitriptyline was denied by utilization review on 05/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 percent, Tramadol 10 percent, Cyclobenzaprine 20 percent, Gabapentin 10 percent, Dextromethorphan 10 percent, Amitriptyline 20 percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anagesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound Drugs.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines and United States Food and Drug Administration (US FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains flurbiprofen, tramadol, cyclobenzaprine, gabapentin, dextromethorphan, and amitriptyline which are not approved for transdermal use. The clinical documentation provided did not specifically discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, this compound cannot be supported as medically necessary.