

Case Number:	CM15-0126236		
Date Assigned:	07/10/2015	Date of Injury:	06/04/2009
Decision Date:	09/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	06/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 44 year old female injured worker suffered an industrial injury on 6/04/2009. The diagnoses included degeneration of the intervertebral disc. The injured worker had been treated with TENS, chiropractic therapy, acupuncture, physical therapy and medications. The pain was rated 6.5/10. On exam there was tenderness from the cervical spine down to the mid back spreading across the shoulders. The sensation was decreased in the left upper extremity. On 6/19/2015 the treating provider reported chronic neck pain and bilateral shoulder girdle pain. It was unclear if the injured worker had not returned to work. The treatment plan included Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, and Lidocaine 2%, Prilocaine 2% In LAM Compound 360g #1 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% In LAM Compound 360g #1 with two refills: 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, compounded preparation Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for Compounded topical analgesics stated that any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Flubiprofen, cyclobenzaprine, gabapentin and Prilocaine are not FDA approved for topical use. The documentation provided included the use of Lidoderm patches. The compounded medication under review also contained Lidocaine. The only FDA approved topical preparation with Lidocaine is Lidoderm patches. The compounded preparation of Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% In LAM Compound 360g #1 with two refills is not medically necessary as it contained 1 ingredient that was not FDA approved for use.