MAXIMUS Federal Services

Case Number:	CM13-0042172		
Date Assigned:	03/26/2014	Date of Injury:	05/10/2013
Decision Date:	05/23/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 10, 2013. Thus far, the applicant has been treated with analgesic medications, attorney representation, alternative treatment, at least six sessions of physical therapy and topical compounds. In a utilization review report of October 2, 2013, the claims administrator denied a request for a topical compounded drug. The applicant's attorney subsequently appealed. A September 18, 2013 progress note was notable for comments that the applicant had ongoing complaints of low back pain. An FCE testing and 30-day supplies of topical Fluriflex and TG hot were sought. A lumbar support was also prescribed. A rather proscriptive 15-pound lifting limitation was endorsed, which the applicant's treating provider stated that the employer was unable to accommodate. The applicant is also given prescriptions of oral Tramadol and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT (TRAMADOL 8 PERCENT/ GABAPENTIN 10 PERCENT/ MENTHOL 2 PERCENT/ CAMPHOR 2 PERCENT/ CAPSAICIN 0.06 PERCENT) 180 GM: 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 Page(s): 111-113.

Decision rationale: One of the ingredients in the topical compound is Gabapentin. However, as noted on page 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is specifically not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's successful usage of oral Tramadol and Naprosyn effectively obviates the need for the largely experimental topical compound. Therefore, the request is not medically necessary, for all of the stated reasons.