MAXIMUS Federal Services

Case Number:	CM13-0070784		
Date Assigned:	01/08/2014	Date of Injury:	11/01/2008
Decision Date:	07/25/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/26/2013

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:

This is a 46-year-old female patient with an 11/1/08 date of injury. She injured herself when she slipped on wet flooring. A 10/30/13 progress report indicated that the patient complained of unremitting pain in her cervical and lumbar spines. The pain radiated from the lower back to the right lower extremity and from the neck to the right upper extremity. A physical exam revealed spasm and tenderness in the paravertebral muscles in the cervical and lumbar spines, with decreased range of motion on flexion and extension. There is decreased sensation with pain on L4-5 and L5-S1 dermatomal distributions bilaterally. She was diagnosed with lumbosacral radiculopathy with disc collapse per MRI study.Treatment to date: medication management. There is documentation of a previous 12/12/13 adverse determination, because compound medications were not FDA approved and there was no documentation to support the efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request For POS Retro Compound-Gabapenti/Cyclobenz/Tramadol/PCCA Lipo Day supply 20 QTY: 180 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUND MEDICINES Page(s): 60.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support topical compound analgesics use, because there is little to no research to support the use of many these agents. Therefore, the request for request is not medically necessary.