MAXIMUS Federal Services

Case Number:	CM14-0003048		
Date Assigned:	01/24/2014	Date of Injury:	07/24/2001
Decision Date:	10/27/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/08/2014

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 OOccupational Medicine 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 industrial injury of July 24, 2001.Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; several topical compounds; earlier lumbar spine surgery; and extensive periods of time off of work. In a Utilization Review Report dated December 9, 2013, the claims administrator denied a request for several topical compounded agents. The applicant's attorney subsequently appealed. In June 13, 2013 progress note, the applicant was placed off of work, on total temporary disability. The applicant was using Vicodin, omeprazole, Ambien, and naproxen, it was noted. On October 25, 2013, the applicant again presented with persistent complaints of low back pain. It was suggested (but not clearly stated) the applicant was concurrently using marijuana. The applicant was also using Vicodin, omeprazole, Ambien, and naproxen. The applicant was again placed off of work, on total temporary disability. The applicant did have comorbid diabetes, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS Terocin DIS 4-4% for 30 day supply QTY: 30: 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 topic Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic such as the Terocin compound at issue, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Vicodin, naproxen, etc., effectively obviates the need for the largely experimental topical compounded agent. Therefore, the request is not medically necessary.

CMPD-Flurbipro/Lidocaine Amitrity/PCCA LIPO FOR 20 day supply QTY 180: 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 topic Page(s): 111.

Decision rationale: As noted on page 111 of MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as class, are deemed "largely experimental." In this case, the applicant has already received the topical compounded medication at issue on several occasions, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the flurbiprofen-lidocaine compound at issue. The applicant is off of work, on total temporary disability, and remains highly reliant and highly dependent on opioid medications such as Vicodin. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

CMPD-Gabapenti/Cyclobenz/Tramadol/PCCA LIPO 20 day supply, QTY: 180: 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 topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.