

Case Number:	CM14-0100142		
Date Assigned:	07/28/2014	Date of Injury:	01/23/2012
Decision Date:	12/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 mid and low back pain reportedly associated with an industrial injury of January 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier L2-L3 lumbar decompression surgery; injection therapy; and topical compounds. In a Utilization Review Report dated June 16, 2014, the claims administrator denied a request for topical compounded medications. The applicant's attorney subsequently appealed. In a progress note dated March 18, 2014, it was acknowledged that the applicant was using oral Norco for ongoing complaints of neck and low back pain. The applicant did have ancillary complaints of depression. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%; Gabapentin 10%; Flurbiprofen 15% 240mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither Cyclobenzaprine (a muscle relaxant) nor Gabapentin are recommended for topical compound formulation purposes. Since one or more ingredients in the compound is 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.

Capsaicin .025%; Flurbiprofen 20%; Tramadol 15%; Menthol 2%; Camphor 2% 240mg:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin; Topical Analgesics Page(s): 28, 111.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Capsaicin, the primary ingredient in the compound at issue, is considered a last-line agent, recommended only in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of Norco, a first-line oral pharmaceutical, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent at issue. Therefore, the request is not medically necessary.