

Case Number:	CM14-0106475		
Date Assigned:	08/01/2014	Date of Injury:	08/01/2001
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/09/2014

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 low back and knee pain reportedly associated with an industrial injury of August 1, 2001. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; earlier lumbar fusion surgery; and topical compounds. In a Utilization Review Report dated June 23, 2014, the claims administrator denied a request for several topical compounded drugs. Claims administrator did not, however, incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. In a progress note dated June 12, 2014, the applicant reported persistent complaints of low back pain radiating to bilateral lower extremities. Epidural steroid injection therapy was sought. In an earlier note dated May 15, 2014, the applicant again reported persistent complaints of low back pain radiating to the left leg. Additional physical therapy was sought. Several of the topical compounded drugs at issue were endorsed via a request for authorization dated May 22, 2014. The applicant was also using Prilosec, Gemfibrozil, Zocor, Victoza, Aspirin, and Felodipine, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Tramadol 20% in mediderm base, 210g: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of the largely experimental Flurbiprofen-Tramadol containing topical compound at issue. Therefore, the request is not medically necessary.

Gabapentin 10%/ Amitriptyline 10%; Dextromethorphan 10% in mediderm base, 210g:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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