

Case Number:	CM14-0012359		
Date Assigned:	02/21/2014	Date of Injury:	01/02/2013
Decision Date:	06/25/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/30/2014

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 patient is a 50 year old male with chronic low back pain DOI 1/2/13. He has MRI (2/5/13) confirmed nerve root compromise at of L4 and S1 on the right side. He has been treated with multiple Epidurals, Acupuncture, Chiropractic And Oral Analgesics. In Addition, Compounded Topical(S) (Diclofenac 10%, Gabapentin 10%, Lidocaine 5%, Hyaluronic Acid 0.2% 240 gm) have been dispensed to him.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE COMPOUND CREAM DICLOFENAC 10%, GABAPENTIN 10%, LIDOCAINE 5%, HYALURONIC ACID 0.2% 240 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Chronic Pain Guidelines are very clear on the issue of compounded topicals. If an ingredient(s) is not FDA approved for this indication the compound is not indicated. Diclofenac 10% is 10X's the strength of what is FDA approved as a topical analgesic (1%), Gabapentin is specially not recommended as a topical in MTUS Guidelines. Only Lidocaine in the form of an approved patch (Lidoderm) is Guideline recommended, other forms are not recommended. For multiple reasons the compounded topical is not medically necessary.

