

Case Number:	CM14-0018244		
Date Assigned:	04/18/2014	Date of Injury:	02/01/2010
Decision Date:	06/30/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/13/2014

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 has been treated with the following: Analgesic medications; attorney representation; topical compounded drugs; muscle relaxants; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated February 12, 2014, the claims administrator approved a request for Flexeril 7.5 mg #90 while denying a topical compounded drug. The applicant's attorney subsequently appealed. A clinical progress note dated January 23, 2014 was notable for comments that the applicant was in fact using oral Flexeril 7.5 mg, which had reportedly been effective. The applicant was asked to continue physical therapy. The applicant was given diagnosis of cervical radiculopathy and given trigger point injection in the clinical setting. A topical compounded ketoprofen-Gabapentin-Tramadol agent was renewed. The applicant was using Xanax on an as needed basis for sleep, it was stated. It was stated on this occasion that the applicant intended return to regular work; however, subsequent work status report dated February 6, 2014 was notable for comments that the applicant would be placed off of work, on total temporary disability, for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN, GABAPENTIN, TRAMADOL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

Decision rationale: As noted on pages 112 and 113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, two of the ingredients in the compound here, specifically ketoprofen and Gabapentin, are not recommended for topical compound formulation purposes. Since one more ingredients in the compound carry an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the (MTUS) Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's seemingly successful usage of oral Flexeril effectively obviates the need for the largely experimental topical compound. Therefore, the request is not medically necessary.