

Case Number:	CM14-0019120		
Date Assigned:	04/23/2014	Date of Injury:	10/14/2009
Decision Date:	07/03/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 an industrial injury of October 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounded drugs, transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; multiple epidural steroid injections over the life of the claim; and earlier lumbar spine surgery. In a utilization review report dated January 28, 2014, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. An earlier clinical progress note dated April 7, 2014 is notable for comments that the applicant reports persistent low back pain. The applicant was apparently returned to regular duty work on that date. The applicant was given topical compounded drugs on multiple occasions, including on April 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10% CYCLOBENZAPRINE 10% CAPSAICIN 0.0375% 120GM: Upheld

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

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, neither gabapentin nor cyclobenzaprine, a muscle relaxant, are specifically recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

KETOPROFEN 20% 120GM, KETAMINE 10% GEL 120GM: Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, one of the ingredients in the compound, is not recommended for topical compounded formulation purposes. Similarly, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines states that ketamine, the other ingredient in the compound, is deemed "under study." Again since one or more ingredients in the compound are not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceutical medications, which would compel provision of either topical compound in question. Therefore, the request is not medically necessary.