

Case Number:	CM14-0113323		
Date Assigned:	08/01/2014	Date of Injury:	04/09/2012
Decision Date:	10/14/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain, finger pain, hand pain, and mid back pain reportedly associated with an industrial injury of October 6, 2009. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a 12% whole-person impairment rating, per a Medical-Legal Evaluation of October 10, 2013; unspecified amounts of acupuncture; and a TENS unit. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for a topical compounded drug. The applicant's attorney subsequently appealed. In a May 23, 2014 progress note, the injured worker was using Tramadol, Flexeril, and Advil, it was acknowledged. The injured worker did have issues with reflux. Prilosec was endorsed, along with the topical compounded cream at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10 %, Dextromethorphan 10 % in Medi-Derm base, 210 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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, 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, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Tramadol, Flexeril, etc., effectively obviates the need for the compound at issue. Therefore, the request is not medically necessary.