

Case Number:	CM14-0124581		
Date Assigned:	08/13/2014	Date of Injury:	08/22/2002
Decision Date:	10/08/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/06/2014

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 pain, shoulder pain, hip pain, and obstructive sleep apnea (OSA) reportedly associated with an industrial injury of August 22, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; antidepressant agents; and various interventional procedures. In a Utilization Review Report dated July 8, 2014, the claims administrator denied a request for a topical compounded drug. It was suggested that the applicant has been deemed "permanently disabled," the claims administrator suggested, by a medical-legal evaluator. The applicant was described as using a variety of other oral medications, it was further noted. The applicant's attorney subsequently appealed. In a January 30, 2014 progress note, the applicant was given a topical compounded drug. It was stated that the applicant had received a recent hip corticosteroid injection. The applicant was apparently using a wheelchair. The applicant was given a Topical Compounded Drug. The applicant was also using Zocor, Flomax, Pravachol, Diprolene, Ambien, Prozac, Multivitamins, and AndroGel. In a June 30, 2014 request for authorization form, the Topical Compounded Cream at issue was endorsed, with six refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream: Gabapentin 10%, Ketamine 8%, Cyclobenzaprine 4%, Menthol 3%, 120ml # 7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine 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 in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is 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 attending provider has failed to state why first-line oral pharmaceuticals cannot be employed here. Therefore, the request is not medically necessary.