MAXIMUS Federal Services

Case Number:	CM14-0126377		
Date Assigned:	08/13/2014	Date of Injury:	06/01/2010
Decision Date:	10/30/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 Orthopedic Surgeon, has a subspecialty in Sports 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 knee pain, depression, anxiety, and psychological stress reportedly associated with an industrial injury of June 1, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; a knee brace; earlier knee arthroscopy; and topical compounds.In a Utilization Review Report dated July 9, 2014, the claims administrator denied a request for a topical compounded medication.The applicant's attorney subsequently appealed.In a February 5, 2014, the applicant was described as using oral tramadol and oral Norco for pain relief. The applicant was given a viscosupplementation injection. The amitriptyline-dextromethorphan-gabapentin containing topical compound was sought on June 19, 2014, along with a second topical compounded medication. The applicant was placed off of work, on total temporary disability, on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream- Amitriptyline 10% Dextromethorphan 10% Gabapentin 10% cream 210 grams: 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 Analgesics topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, one of the ingredients in the compound, 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 applicant's ongoing usage of numerous first-line oral pharmaceuticals such as Norco, Tramadol, etc., effectively obviates the need for the largely experimental topical compounded agent at issue. Therefore, the request was not medically necessary.