MAXIMUS Federal Services

Case Number:	CM14-0164917		
Date Assigned:	10/10/2014	Date of Injury:	09/19/2013
Decision Date:	11/19/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 neck and low back pain reportedly associated with an industrial injury of September 19, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; topical compounded medications; and extensive periods of time off of work.In a Utilization Review Report dated September 9, 2014, the claims administrator denied a request for topical compounded gabapentin-containing medication.The applicant's attorney subsequently appealed.In a March 6, 2014 progress note, it was acknowledged that the applicant was not working and was on total temporary disability. The applicant was using Omeprazole, Relafen, Terocin, and Tramadol as of that point in time.In a May 9, 2014 progress note, the applicant was given prescriptions for Tramadol and Flexeril. Physical therapy and electrodiagnostic testing were sought owing to ongoing complaints of neck and low back pain. On August 25, 2014, Ibuprofen, topical compounded medications, and an epidural steroid injection were sought. It was stated that the applicant had had 24 sessions of physical therapy through that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Lidocaine 2%, Aloe Vera 0.5% Eum Oil 30%+Capsaicin 0.025%+Menthol 10%+Camphor 5% in gel quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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. This results in the entire compound carrying an unfavorable recommendation, 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, including Tramadol, Relafen, Motrin, etc., effectively obviates the need for the topical compounded medication at issue. Therefore, the request is not medically necessary.