

Case Number:	CM14-0171639		
Date Assigned:	10/23/2014	Date of Injury:	01/24/2010
Decision Date:	12/31/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/17/2014

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 reportedly associated with an industrial injury of January 24, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; opioid therapy; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 10, 2014, the claims administrator denied a request for a topical compounded cream. The applicant's attorney subsequently appealed. In a June 10, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was working regular duty. The applicant was diagnosis of chronic low back pain status post earlier L4 through sacral arthrodesis. The applicant received recent lumbar neurotomy procedures. The applicant was asked to return to regular duty work. The applicant was asked to obtain 10 additional sessions of psychological counseling. In a May 6, 2014 progress note, the applicant was given prescriptions for Percocet, Ativan, Desyrel, and returned to regular duty work. In a Medical-legal Evaluation dated April 29, 2014, it was noted that the applicant was using Lipitor, Mobic, Prilosec, Ativan, Desyrel, Ambien, Colace, Percocet, and Prozac. In a Medical-legal Evaluation dated October 14, 2014, the urological medical-legal evaluator alluded to the applicant's using Lipitor, Climara, Prilosec, Prozac, Ativan, Percocet, Mobic, Desyrel, Ambien, and Dulcolax.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS, Topical Compound Cream (ketamine 10%, bupivacaine 1%, DMSO 4%, DOEIN 3%, gabapentin 6%, nifedipine 2%, pentoifylline 3%, topiramate 1%)12mg x 3 refills:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, one of the primary ingredients 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 applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Percocet, Mobic, Demerol, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent at issue. Therefore, the request was not medically necessary.