

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0184028 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 02/24/2006 |
| Decision Date: | 12/18/2014 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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 February 24, 2006. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; unspecified amounts of physical therapy over the course of the claim; and topical compounded medications. In a Utilization Review Report dated October 23, 2014, the claims administrator failed to approve a request for topical compounded drug. The applicant's attorney subsequently appealed. In a February 28, 2014 progress note, the applicant reported ongoing complaints of low back pain status post earlier lumbar spine surgery. Permanent work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. Unspecified medications were refilled under separate cover. On January 3, 2014, the applicant was given prescriptions for Naprosyn, Flexeril, Zofran, Prilosec, Tramadol, and Terocin patches through order form which employed preprinted checkboxes. No narrative commentary was attached. On November 26, 2013, the applicant was given prescriptions for Naprosyn, Prilosec, Zofran, Flexeril, tramadol, and Terocin, again through preprinted checkboxes with no narrative commentary attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Capsaicin powder/Lidocaine HCL powder/Camphor Crystals/Gabapentin powder/Menthol Levo crystals 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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 ingredients in the compound at issue, 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 Naprosyn, Flexeril, Tramadol, etc., effectively obviates the need for page what 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compound at issue. Therefore, the request was not medically necessary.