

Case Number:	CM14-0192238		
Date Assigned:	11/25/2014	Date of Injury:	09/13/2012
Decision Date:	01/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 pain syndrome, chronic wrist pain, hand pain, headaches, and neck pain with derivative complaints of anxiety, psychological stress, insomnia, and depression reportedly associated with an industrial injury of September 13, 2012. In a Utilization Review Report dated October 16, 2014, the claims administrator denied several topical compounded medications which were reportedly requested on or around September 19, 2014. The applicant's attorney subsequently appealed. In a July 25, 2014 medical-legal evaluation, the medical-legal evaluator opined that the applicant was capable of returning to his usual and customary work insofar as the applicant's hand and wrist pain complaints were noted. It was stated that the applicant was using oral Aleve and Excedrin as of this date. On August 27, 2014, a 20-pound lifting limitation, orthopedic hand surgery consultation, neurology consultation, extracorporeal shockwave therapy, and topical compounded medications, including Terocin patches, were endorsed. On August 15, 2013, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of wrist pain. Physical therapy was sought while topical compounds were prescribed. The applicant did have derivative complaints of anxiety, depression, and insomnia, it was acknowledged. In a July 24, 2014 progress note, several topical compounds were endorsed owing to ongoing complaints of hand and wrist pain. A hand surgery consultation was also sought. Oral tramadol was also prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10% 180 gm QTY: 1.00: 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, muscle relaxants such as Cyclobenzaprine are not recommended for topical compound formulation purposes. Similarly, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that Gabapentin, another ingredient in the compound, is likewise not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted the applicant's ongoing usage of oral pharmaceuticals, including oral tramadol and oral Naprosyn (Aleve) effectively obviated the need for the topical compounded agent at issue. Therefore, the request was not medically necessary.

Cyclobenzaprine 2%, Fluribprofen 25% 180 gm: 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, Cyclobenzaprine, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that applicant's ongoing usage of first-line oral pharmaceuticals, including Aleve (Naprosyn), Tramadol, effectively obviated the need for the topical compounded agent at issue. Therefore, the request was not medically necessary.