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| Case Number: | CM14-0023858 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 09/01/2006 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 02/25/2014 |

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, mid back, and shoulder pain reportedly associated with an industrial injury of September 1, 2006. The applicant has been treated with the following: Analgesic medications; earlier cervical spine surgery; topical compounds; opioid therapy; and various interventional spine procedures. In a Utilization Review Report dated February 19, 2014, the claims administrator denied a request for a topical compounded cream. The applicant's attorney subsequently appealed. In a May 27, 2014 progress note, the applicant was described as having persistent complaints of neck pain radiating into left arm. The applicant was using a variety of oral pharmaceuticals, including Ultram, Neurontin, Skelaxin, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN-LIDOCAINE CREAM 240 G: 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 California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Gabapentin, the principal ingredient in the cream in question, is considered not recommended for topical compound formulation purposes. In this case, it is further noted that the applicant's concurrent usage of multiple first-line oral pharmaceuticals, including Ultram, Percocet, Skelaxin, Neurontin, etc. effectively obviates the need for the largely experimental topical compound. Since one or more ingredients in the compound carry an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.