

Case Number:	CM14-0024271		
Date Assigned:	06/11/2014	Date of Injury:	08/09/2012
Decision Date:	12/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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, has a subspecialty in Preventive 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 August 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated January 31, 2014, the claims administrator denied several topical compounded medications and a dietary supplement. The applicant's attorney subsequently appealed. In a progress note dated December 18, 2013, the applicant was placed off of work, on total temporary disability while tramadol, Flexeril, omeprazole, flurbiprofen-tramadol compound, and a gabapentin-amitriptyline-dextromethorphan compound were endorsed. TENS unit, back brace, sleep study, neurology consultation were also sought while the applicant was kept off of work. On September 3, 2014, it was incidentally noted, the applicant again reported ongoing complaints of low back pain and was given prescriptions for Norco, Naprosyn, Flexeril, and omeprazole. The applicant's work status was not furnished on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 240GM MEDICATED CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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, 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. Therefore, the request was not medically necessary.

FLUBIPROFEN 240GM MEDICATED CREAM: 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 Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the Flurbiprofen-containing article at issue, as a class, are deemed "largely experimental." In this case, however, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including tramadol, Flexeril, Norco, Naprosyn, etc., effectively obviated the need for the largely experimental Flurbiprofen containing compound at issue. Therefore, the request was not medically necessary.

RESTONE 3MG/10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic of dietary supplement such as Restone. However, the Third ACOEM Guidelines do note that dietary supplements such as Restone are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits in treatment of the same. Here, the attending provider did furnish any compelling applicant-specific rationale, narrative commentary, or medical evidence which would offset the unfavorable ACOEM position on article at issue. Therefore, the request was not medically necessary.