

Case Number:	CM14-0026909		
Date Assigned:	06/13/2014	Date of Injury:	01/11/2013
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 knee and ankle pain reportedly associated with an industrial injury of April 11, 2013. The applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated February 20, 2014, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. A November 13, 2013 progress note is notable for comments that the applicant reported multifocal knee and ankle pain, 7-8/10. The applicant was given prescriptions for oral Vicodin, topical Terocin, and variety of other topical compounds and dietary supplements. Extracorporeal shockwave therapy was also sought. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS CMPD-FLURBIPROL/LIDOCAINE/AMITRIPTY/PCCA LIPO DAY SUPPLY: 20 QTY: 180 REFILLS: 00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines topical compound Page(s): 111.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of at least one first-line oral pharmaceutical, Vicodin, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compound such as the flurbiprofen containing agent proposed here. In this case, the attending provider did not, furthermore, furnish any applicant-specific rationale, narrative, and/or commentary which would offset the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.

**CMPD-GABAPENTI/CYCLOBENZ/TRAMADOL/PCCA LIPO DAY SUPPLY: 20
QTY: 180 REFILLS: 00: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: As noted on page 113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, neither gabapentin nor cyclobenzaprine, muscle relaxants, are recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries 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 likewise not medically necessary.