

Case Number:	CM14-0034327		
Date Assigned:	06/20/2014	Date of Injury:	12/22/2009
Decision Date:	09/10/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/19/2014

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 has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of December 22, 2009. Thus far, the applicant has been treated with the following, analgesic medications; attorney representations; topical compounds; gastric bypass surgery; and transfer of care to and from various providers in various specialties. The applicant's attorney subsequently appealed. In a January 17, 2014 office visit, the applicant reported multifocal complaints of neck, low back, bilateral shoulder pain, 5-9/10. The applicant was asked to pursue a cervical epidural steroid injection and a rotator cuff repair surgery. The applicant's complete medication list was not furnished, although the applicant was given a prescription for oral Norco along the topical compounded medication at issue. A rather proscriptive 15-pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitramadol DM ultracream 10% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical analgesic such as the tramadol compound in question. Therefore, the request is not medically necessary.

Gabapentin/ Ketoprofen/ Lidocaine 15% 240gm 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 topic Page(s): 111-113.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, one of the ingredients in the compound in question, is not recommended for topical compound formulation purposes. Similarly, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines likewise states 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 considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.