

Case Number:	CM14-0036055		
Date Assigned:	06/23/2014	Date of Injury:	10/19/2000
Decision Date:	08/11/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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:

Thus far, 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; earlier cervical fusion surgery; multiple shoulder surgeries; and anxiolytic medications. In a Utilization Review Report dated March 7, 2014, the claims administrator denied a request for several topical compounded medications, citing lack of supporting information and lack of supporting progress note on the part of the attending provider. The applicant's attorney subsequently appealed. In a September 4, 2013 progress note, the applicant was described as reporting 8-9/10 pain with medications and 10/10 without medications. The applicant reported GI upset with medications. The applicant was using OxyContin, trazodone, Mediderm cream, and Restoril. The applicant was described as disabled. The applicant's prognosis was described as fair. Multiple medications were refilled. It a progress note of March 4, 2014, the applicant was again described as reporting neck, shoulder, and low back pain. The applicant reported 7-9/10 pain with medications and 10/10 pain without medications. The applicant was described as using OxyContin and gabapentin at this point in time. There was no mention made of topical compounded medications. It appears that the topical compounds in question were requested via a handwritten prescription form dated February 19, 2014, without any attached rationale or progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooloze 120gms, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

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 issues on multiple first-line oral pharmaceuticals, including Neurontin, OxyContin, etc. effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental agents such as Cool Eze. Therefore, the request is not medically necessary.

Gab/Lid/Aloe/Cap/Man/Cam (patch) 120gms, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 111-113, Topical Analgesics topic. Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the principal agent in the compound, is specifically not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is 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.