MAXIMUS Federal Services

Case Number:	CM14-0036398		
Date Assigned:	06/27/2014	Date of Injury:	02/13/2007
Decision Date:	07/29/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/05/2014

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 and low back pain reportedly associated with an industrial lifting injury of February 13, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; eight sessions of physical therapy; and epidural steroid injection therapy. In a Utilization Review report dated February 24, 2014, the claims administrator did not grant request for a topical compounded medication. The applicant's attorney subsequently appealed. In progress note dated March 6, 2014, the applicant was described as having persistent complaints of low back pain. An epidural steroid injection was reportedly successful. Eight sessions of physical therapy were sought. On February 14, 2014, the applicant was described as using several oral pharmaceuticals, including Motrin, tramadol, and Vicodin Epidural steroid injection therapy was sought. The applicant was also reportedly using multiple oral pharmaceuticals, including Motrin, tramadol, and Vicodin, without incident, on January 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro review of Compound medication (anti-inflammatory cream with Diclofenac, Baclofen, Bupivacaine, Gabapentin, Pentoxifylline and Ibuprofen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: As noted on page 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, neither gabapentin nor baclofen, two of the ingredients in the compound, are recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant is successful usage of multiple first-line oral pharmaceuticals, including Motrin, Vicodin, etc. effectively obviates the need for the largely experimental topical agent. Therefore, the request is not medically necessary.