MAXIMUS Federal Services

Case Number:	CM14-0039094		
Date Assigned:	06/27/2014	Date of Injury:	09/21/2007
Decision Date:	08/29/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/03/2014

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 patient is a represented [redacted] employee who has filed a claim for chronic knee pain, shoulder pain, wrist pain, headaches, and psychological stress reportedly associated with an industrial injury of September 21, 2007.Thus far, the patient has been treated with the following: analgesic medications; attorney representation; unspecified amounts of physical therapy, chiropractic manipulative therapy; extracorporeal shockwave therapy; and topical compounds. In a utilization review report dated March 8, 2014, the claims administrator denied a request for topical compounded drug. The patient's attorney subsequently appealed.In a progress note dated August 29, 2013, the patient was described as using a variety of oral pharmaceuticals, including Fioricet, Ambien, Benazepril-Hydrochloride, and Pepcid. His complete medication list, it is incidentally noted, was not provided on any progress notes.On a December 6, 2013 progress note, authorization was sought for viscosupplementation injections for the knees. Prescriptions for Naprosyn, Prilosec, Neurontin, Tizanidine, Norco, and Cymbalta were endorsed. The patient's work status was not provided. A topical compounded drug was later issued on January 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medication Amitriptyline/Tramadol/Dextromethorphan/Gabapentin/Ketoprofen/Lidocaine on 01/27/2014: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen and Gabapentin, two of the ingredients in the compound, are 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 guideline. It is further noted that the patient's seemingly successful usage of multiple first line oral pharmaceuticals effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical drugs. Therefore, the retrospective request for Amitriptyline/Tramadol/Dextromethorphan/Gabapentin/Ketoprofen/Lidocaine, dispensed on 1/27/2014, was not medically necessary.