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| Case Number: | CM14-0049620 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 04/01/2010 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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 injury of April 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; and topical compounded medications. In a March 21, 2014 Utilization Review Report, the claims administrator retrospectively denied a request for topical compounded medication. The claims administrator did reference a November 29, 2011 office visit in which the applicant was given oral Ultracet and oral omeprazole. The applicant's attorney subsequently appealed. In a July 8, 2011 office visit, the applicant was described as using Zestril for hypertension. The applicant was using omeprazole for reflux and tramadol for pain. The applicant was given a prescription for gabapentin for neuropathic pain. A topical compounded drug was apparently endorsed through a later visit of December 16, 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 12/16/2011 special service/proc./report Gaba/Keto/lido compound: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Similarly, ketoprofen, the secondary ingredient in the compound in question, is likewise not recommended for topical compound formulation purposes, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. 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. It is further noted that the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Neurontin and tramadol, effectively obviates the need for the largely experimental topical compound in question. Therefore, the request for Gaba/Keto/lido Compound was not medically necessary.