MAXIMUS Federal Services

Case Number:	CM14-0053814		
Date Assigned:	07/07/2014	Date of Injury:	01/03/2014
Decision Date:	08/13/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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, has a subspecialty in Preventive 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 rib, neck, low back, foot, and ankle pain reportedly associated with an industrial contusion injury of January 3, 2014.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and work restrictions.In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for topical compounded drug, citing the MTUS Chronic Pain Medical Treatment Guidelines.The applicant's attorney subsequently appealed.The topical compounded medication in question was requested on April 2, 2014 progress note, in which the applicant presented with persistent low back pain, headaches, intermittent dizziness, left foot pain, and left ankle pain. The applicant was working modified duty, it was acknowledged. Diffuse lumbar tenderness was noted. A 10-pound lifting limitation was endorsed.The topical compounded cream was apparently prescribed on March 19, 2014.In a medication reconciliation note of January 23, 2014, the applicant was described as using Keppra, Levaquin, Norco, and Zestoretic, it is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: CMPD: GABAPENTIN (ANTICONVULSANT), CYCLOBENZAPRINE (MUSCLE RELAXER), TRAMADOL (NARCOTIC), LIPODERM BASETYPE OF MEDICATION: TOPICAL COMPOUND ANALGESICQUANTITY: 180.000: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines CHRONIC PAIN GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

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, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as the agent in question here, which are, per ACOEM Chapter 3, Table 3-1, page 49: "Not recommended." No compelling rationale for usage and/or selection of the agent in question was provided. The applicant's reported usage of Norco, a first-line oral pharmaceutical, effectively obviates the need for the topical compound in question. Therefore, the request was is not medically necessary and appropriate.