

Case Number:	CM14-0054603		
Date Assigned:	07/07/2014	Date of Injury:	06/04/2006
Decision Date:	09/05/2014	UR Denial Date:	03/20/2014
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 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, low back, and knee reportedly associated with an industrial injury of June 4, 2006. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; and extensive greater time off of work. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a request for topical compounded drug. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 12, 2014, the applicant was asked to remain off of work status post cervical spine surgery, lumbar spine surgery, and knee surgery. The applicant reported ongoing complaints of low back pain, chronic. Synvisc injections were endorsed. It appears that the topical compounded drugs in question were endorsed via prescription form which employed preprinted checkboxes and was not, moreover, clearly dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gab/Lid/Ale/Cap/Men/Cam (patch) 10%25%.025%10%5% Gel #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 121.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the primary ingredient and the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider did not furnish any narrative commentary, rationale, or medical evidence so as to try and offset the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.