

Case Number:	CM14-0059371		
Date Assigned:	07/09/2014	Date of Injury:	08/08/2011
Decision Date:	08/15/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/29/2014

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 pain syndrome, chronic shoulder pain, and chronic knee pain reportedly associated with an industrial injury of August 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and unspecified amounts of manipulative therapy and acupuncture over the course of the claim. In a Utilization Review Report dated April 3, 2014, the claims administrator denied request for topical compounded drugs. The claims administrator did not, it is incidentally noted, incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. In a January 22, 2014 progress note, the applicant was described as using a variety of medications, both oral and topical, including Naprosyn, Norco, Ambien, Prilosec, and several topical compounded drugs. No discussion of medication efficacy or rationale for topical medication selection was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 %, Tramadon 20 % in base (210 Gm.): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee/Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 113 of the MTUS Chronic Medical Treatment Guidelines, Gabapentin, one of the ingredients in the compound in question, is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Amitriptyline 10 %, Dextromethorphan 10%, Gabapentin 10% in base (210Gm.): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee/Leg.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Medical Treatment Guidelines, Gabapentin, one of the ingredients in the compound in question, is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Medical Treatment Guidelines. Therefore, the request is not medically necessary.