

Case Number:	CM14-0060468		
Date Assigned:	07/09/2014	Date of Injury:	06/25/2007
Decision Date:	09/17/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/30/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic neck pain, mid back pain, low back pain, bilateral upper extremity pain, and bilateral lower extremity pain reportedly associated with an industrial injury of June 25, 2007. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representations; psychological counseling; unspecified amounts of acupuncture; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 4, 2014, the claims administrator denied a request for several topical compounded medications. Six sessions of acupuncture were also denied. A psychosocial factor screening was also denied. The claims administrator, it is incidentally noted, stated that the injured worker had had seven prior sessions of acupuncture and had failed to profit from the same. The injured worker's attorney subsequently appealed. In a September 11, 2013 progress note, the injured worker did state that she had developed depression associated with her chronic multifocal pain complaints. The injured worker was placed off of work, on total temporary disability. Myofascial release therapy, electrical muscle stimulation, infrared therapy, an orthopedic surgery consultation, physical therapy, and psychological evaluation were sought. On March 26, 2014, the attending provider sought authorization for a psychosocial factor screening, topical compounded medications, and acupuncture. On a progress note of the same date, March 26, 2014, the injured worker was again placed off of work, on total temporary disability. The injured worker did present with multifocal low back, left knee, and bilateral shoulder pain. The attending provider acknowledged that the injured worker had completed seven prior sessions of acupuncture. The injured worker's medication list was not attached to the request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Lidocaine 6%/Gabapentin 10%/Tramadol 10% 180 gm.: Upheld

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

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 Pain Medical Treatment Guidelines, Gabapentin, one of the ingredients in the compound in question, is 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 MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Topical compound Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% 180 gm.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, one of the ingredients in the compound, is not recommended for topical compound formulation purposes. Likewise, muscle relaxants such as cyclobenzaprine, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines are also not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended. Therefore, the request is not medically necessary.