

Case Number:	CM14-0066076		
Date Assigned:	07/11/2014	Date of Injury:	10/13/2000
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/09/2014

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] incorporated employee who has filed a claim for chronic low back pain, knee pain, depression, and anxiety reportedly associated with an industrial injury of October 13, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; earlier lumbar spine surgery; subsequent intrathecal pain pump implantation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 17, 2014, the claims administrator denied a request for several topical compounded medications. The applicant's attorney subsequently appealed. In an October 11, 2013 progress note, the applicant reported 8/10 pain with medications and 10/10 pain without medications. The applicant was having difficulty performing even basic activities of daily living, such as self-care, personal hygiene, and ambulating, it was acknowledged. Pain was interfering with the applicant's sleep, it was further noted. Diagnostic epidural injection was sought. Prescriptions for Lyrica, Nexium, tizanidine, Topamax, Clonidine, Senna, Naproxen, Ambien, and Percocet were issued. On October 11, 2013, several topical compounded medications and dietary supplements, including AppTrim, Fluriflex, and TG ice were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex 16/10% percent, 180gm cream: Upheld

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

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

Decision rationale: One of the ingredients in the cream is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredient 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.

TGHot 8/10/2/2/.05 percent - 180gm cream: Upheld

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

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

Decision rationale: One of the ingredients in the compound in question is Gabapentin. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin 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. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Lyrica, tizanidine, Topamax, naproxen, Percocet, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the 'largely experimental' topical compounded agent in question. Therefore, the request is not medically necessary.