

Case Number:	CM14-0067006		
Date Assigned:	07/11/2014	Date of Injury:	05/03/2013
Decision Date:	09/11/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 mid and low back pain reportedly associated with an industrial injury of May 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; unspecified amounts of extracorporeal shockwave therapy; unspecified amounts of acupuncture; functional capacity testing; and topical agents. In a Utilization Review Report dated April 25, 2014, the claims administrator denied a request for a topical compounded cream. The applicant's attorney subsequently appealed. In a handwritten note dated March 4, 2014, somewhat difficult to follow, not entirely legible, the applicant presented with no residual complaints of pain. Physical therapy, four different MRIs, and an orthopedic consultation were endorsed, along with a 25-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. The applicant's medication list was not attached. In an earlier note dated February 3, 2014, the applicant was again asked to continue with a 25-pound lifting limitation, while physical therapy, extracorporeal shockwave therapy, and MRI imaging of the cervical, thoracic, and lumbar spines were sought. The applicant's medication list, once again, was not furnished. On October 4, 2013, the applicant appeared to be using a variety of oral pharmaceuticals, including Naprosyn, Prilosec, Tramadol, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication: Flubi 20%/Cyclo4%/Cream Gaba10%/Amitrip 10%/FDextro 10% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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 are not recommended, the entire compound is 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 Flexeril, Naprosyn, tramadol, etc. effectively obviates the need for the largely experimental topical compound. Therefore, the request is not medically necessary.