

Case Number:	CM14-0089045		
Date Assigned:	07/23/2014	Date of Injury:	12/06/2001
Decision Date:	09/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 low back pain and psychological stress reportedly associated with an industrial injury of December 6, 2001. Thus far, the applicant has been treated with analgesic medications; attorney representation; opioid therapy; topical compounds; earlier lumbar fusion surgery; a spinal cord stimulator implantation; and extensive periods of time off of work. In a Utilization Review Report dated May 28, 2014, the claims administrator denied a request for a topical compounded drug. On June 13, 2014, the applicant was described as having persistent complaints of low back pain. The applicant was out of work, it was acknowledged. The applicant was using long-acting morphine as well as intrathecal opioids, it was stated. Restoril and Relafen were endorsed. In an earlier note dated May 23, 2014, the applicant was described as having 5/10 low back pain. The applicant was using Prilosec, Zanaflex, Norco, and Wellbutrin, it was acknowledged. Further intrathecal agents were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropathic Plus Topical Cream (Ketamine 10%, Diclofenac 3%, Baclofen 2%, Cyclobenaprine 2%, Lidocaine 2%, Gabapentin 6%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the primary ingredients in the cream in question, is not recommended for topical compound formulation purposes. Similarly, Baclofen and Cyclobenzaprine, a muscle relaxant, are likewise not recommended for topical compound formulation purposes. Since one 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 oral and intrathecal agents, including Relafen, Prialt, etc. effectively obviates the need for the compound at issue. Therefore, the request is not medically necessary.