

Case Number:	CM14-0090169		
Date Assigned:	07/23/2014	Date of Injury:	05/07/1998
Decision Date:	12/23/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 low back pain, anxiety, and depression reportedly sustained in an industrial injury of May 7, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; earlier lumbar fusion surgery; subsequent hardware removal; and extensive periods of time off of work. In a Utilization Review Report dated June 3, 2014, the claims administrator approved requests for Ultram and gabapentin while denying several topical compounded drugs. The applicant's attorney subsequently appealed. In a January 10, 2014 progress note, the applicant reported ongoing complaints of low back pain several years removed from an earlier lumbar fusion surgery in 2011. Derivative complaints of anxiety and depression were also noted. The applicant was placed off of work, on total temporary disability, while Ultram, gabapentin and a pain management consultation were endorsed. Urine drug testing was also suggested. The topical compounds at issue were sought via an April 26, 2014 progress note, the claims administrator noted in his UR report of June 3, 2014. This progress note was seemingly not incorporated into the Independent Medical Review packet, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 15/10% 240gm 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 Topical Analgesics topic. Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril, one of the ingredients in the compound at issue, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is 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 first-line oral pharmaceuticals such as Ultram and gabapentin effectively obviates the need for the largely experimental topical compound at issue. Therefore, the request was not medically necessary.

Gaba/tramadol 10/20% 240gm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

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, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is 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 first-line oral pharmaceuticals such as tramadol and Neurontin effectively obviates the need for the largely experimental topical compounded drug at issue. Therefore, the request was not medically necessary.