

Case Number:	CM14-0098207		
Date Assigned:	07/28/2014	Date of Injury:	08/12/1996
Decision Date:	10/02/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/26/2014

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 reportedly associated with an industrial injury of June 21, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy with methadone; and topical compounds. In a Utilization Review Report dated June 20, 2014, the claims administrator denied a request for a topical compounded agent. The applicant's attorney subsequently appealed. The article in question was requested on a progress note dated April 21, 2014. The applicant was placed off of work, on total temporary disability. The topical compounded cream, methadone, and morphine were refilled. The applicant reported 6/10 low back pain and also had derivative complaints of urinary dysfunction, it was noted. In an earlier note dated February 24, 2014, the applicant was again placed off of work, on total temporary disability, while morphine was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monarch pain Cream: Gabapentin, Ketoprofen, Lidocaine, PCCA Lidoderm bases:
Upheld

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

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, gabapentin, the primary ingredient in the compound, 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 numerous first-line oral pharmaceuticals, including methadone, morphine, etc. effectively obviates the need for the topical compound at issue. Therefore, the request is not medically necessary.