

Case Number:	CM13-0030897		
Date Assigned:	11/27/2013	Date of Injury:	07/23/2012
Decision Date:	03/26/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 pain syndrome reportedly associated with an industrial injury of July 26, 2012. In a Utilization Report Review dated September 9, 2013, the claims administrator failed to approve a request for several topical compounded medications apparently requested via a progress note of July 26, 2013. The applicant's attorney subsequently appealed. On July 26, 2013, the applicant reported ongoing complaints of low back pain. Electrodiagnostic testing was endorsed. Multiple topical compounded medications and urine drug testing were performed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRAMADOL-DM ULTRACREAM #120GM, 2-3x daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26.

Decision rationale: 1. No, the amitramadol topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds, as a class, are deemed largely experimental. Here, there was/is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the amitramadol topical compound at issue. Therefore, the request was not medically necessary.

GABA/KETO/LIDO CREAM #120GM: 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): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26.

Decision rationale: 2. Similarly, the gabapentin-ketoprofen-lidocaine compound was likewise not medically necessary, medically appropriate, or indicated here. 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 was/is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

TGHOT CREAM, #180GM, APPLY TWICE DAILY: 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): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26.

Decision rationale: 3. Finally, the TG Hot cream topical compound was likewise not medically necessary, medically appropriate, or indicated here. One of the ingredients in the compound is gabapentin which, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, 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. Therefore, the request was not medically necessary.