

Case Number:	CM13-0059678		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2007
Decision Date:	04/17/2015	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/02/2013

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, New York, 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 an employee who has filed a claim for chronic neck pain, shoulder pain, and brachial neuritis reportedly associated with an industrial injury of June 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; topical compound; muscle relaxants; antidepressants; and apparent retirement from the workforce/workplace. In a utilization review report of November 7, 2013, the claims administrator denied a topical compounded agent. The applicant's attorney subsequently appealed. In a progress note of January 21, 2014, the applicant is described as using Soma, Norco, Desyrel, butalbital, Allegra, Imitrex, and Xanax. The medications are not effecting any material change in the degree of her pain. The applicant is planning to pursue Botox injections, it is noted. Operating diagnoses include fibromyalgia, myofascial pain syndrome, cervical radiculopathy, intractable migraines, and anxiety disorder. The applicant is encouraged to cease smoking. On December 11, 2013, the applicant was described as using a variety of medications, including transdermal fentanyl and Norco. The employee apparently developed seizures with Cymbalta, it is stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Gab/Diclo/Baclo/Bup/Cyclo/Pent Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: Several ingredients in the compound carry unfavorable recommendations here. Specifically, baclofen, cyclobenzaprine, and gabapentin are all "not recommended" for topical compound formulation purposes, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, since multiple ingredients in the compound carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's successful usage of multiple oral pharmaceuticals, including Norco, Soma, Desyrel, Imitrex, butalbital, etc., effectively obviates the need for the largely experimental topical compound in question. For all the stated reasons, then, the request is not certified, on Independent Medical Review.