

Case Number:	CM14-0195459		
Date Assigned:	12/03/2014	Date of Injury:	12/20/2001
Decision Date:	01/22/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 70 year old female with date of injury of 12/20/2001. A review of the medical records indicates that the patient is undergoing treatment for intervertebral disc disease of the cervical spine with radiculitis. Subjective complaints include continued pain in her cervical spine area rated at 5/10. Objective findings include limited range of motion of the cervical spine with tenderness to palpation of the paravertebral; positive Spurling's and Tinel's bilaterally. Treatment has included physical therapy, medial branch blocks, and spinal decompression. The utilization review dated 11/6/2014 non-certified Compound C.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound C (ABJ 3, FTGALC Anti-inflammatory/Neuropathic 360gm): 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants

and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Compound C contains Gabapentin. MTUS states that topical Gabapentin is "not recommended," and further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Therefore, the request for Compound C (ABJ 3, FTGALC Anti-inflammatory/Neuropathic 360gm) is not medically necessary.