MAXIMUS Federal Services

Case Number:	CM14-0195483		
Date Assigned:	12/03/2014	Date of Injury:	04/10/2005
Decision Date:	01/20/2015	UR Denial Date:	11/04/2014
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 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, hip, and wrist pain reportedly associated with an industrial injury of April 10, 2005.In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve a request for topical compounded drug. The applicant did have multifocal complaints of wrist, low back, and hip pain, the claims administrator noted, and is apparently pending a total knee arthroplasty. The claims administrator stated that the decision was based on progress note and RFA form of October 24, 2014 and October 28, 2014.In a progress note dated September 23, 2014, the applicant reported ongoing multifocal complaints of low back, wrist, neck, and shoulder pain status post earlier carpal tunnel release surgery and status post earlier left knee arthroscopy. The applicant was asked to continue Lyrica, Cymbalta, Dilaudid, and Duragesic. The applicant was also asked to continue Prevacid for reported reflux.On October 4, 2014, the attending provider reiterated the request for the applicant to continue Prevacid. Neither the October 24, 2014 progress note nor the October 28, 2014 RFA form in which the article in question was sought were incorporated into the Independent Medical Review packet, however, based on the claims administrator's Medical Index Log.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Gabapentin 10%, Lidocaine 10% and Ketoprofen 15% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals 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. Furthermore, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including Dilaudid, Lyrica, Cymbalta, etc., effectively obviated the need for the largely experimental topical compounded gabapentin containing cream. Therefore, the request was not medically necessary.