MAXIMUS Federal Services

Case Number:	CM14-0200716		
Date Assigned:	12/11/2014	Date of Injury:	08/13/2013
Decision Date:	02/03/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 neck, mid back, and low back pain reportedly associated with an industrial injury of August 13, 2013.In a Utilization Review Report dated November 4, 2014, the claims administrator denied a topical compounded drug. The claims administrator referenced non-MTUS FDA guidelines in its denial but did not attach the said guidelines into the rationale. Also cited was a June 30, 2014 progress note.The applicant's attorney subsequently appealed.On said June 30, 2014 progress note, the applicant reported 8/10 mid back and neck pain. The applicant had previously attended physical therapy and acupuncture. The applicant was given diagnoses of headaches, musculoskeletal disorder unspecified, low back pain, mid back pain, neck pain, lumbar radiculitis, and anxiety disorder. The applicant was placed off of work, on total temporary disability. MRI imaging studies, unspecified topical compounds, and an orthopedic consultation were endorsed. The names of the compounds were not clearly specified.On October 26, 2014, the applicant was given a flurbiprofen-tramadol compound, and a gabapentin-amitriptyline-dextromethorphan compound and, once again, kept off of work, on total temporary disability, for an additional one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Flurbiprofen 20%, Tramadol 20% in mediderm cream and Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in mediderm cream and Flubiprofen 10%, Capsaicin 0.025 %, Menthol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsTopical Capsaicin Page(s): 111-113; 28.

Decision rationale: 1. The flurbiprofen-tramadol topical compound, the gabapentin-amitriptyline-dextromethorphan compound, and the flurbiprofen-capsaicin-menthol compound are not medically necessary, medically appropriate, or indicated here.As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." Page 113 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that gabapentin, one of the ingredients in the compound at issue, is not recommended for topical compound formulation purposes. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, another ingredient in one of the compounds at issue, is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments, In this case, there was no mention of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection, introduction, and/or ongoing usage of the capsaicin-containing compound also at issue here. Finally, the applicant ultimately received and used all the topical compounded creams at issue, despite the unfavorable MTUS position on the same. However, all evidence on file points to the applicant's failing to profit from ongoing usage of the creams. The applicant reported pain complaints as high as 6/10 on October 22, 2014, despite prior usage of the compound. The applicant remains off of work, on total temporary disability, despite ongoing usage of the compounds at issue, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.