MAXIMUS Federal Services

Case Number:	CM14-0201033		
Date Assigned:	12/11/2014	Date of Injury:	08/16/2013
Decision Date:	01/28/2015	UR Denial Date:	11/10/2014
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 low back pain reportedly associated with an industrial injury of August 16, 2013.In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve a request for several topical compounded medications.The applicant's attorney subsequently appealed.In an April 10, 2014 progress note, the applicant reported ongoing complaints of low back, constant, 7/10. The applicant was given several dietary supplements, oral suspensions, and topical compounds. A functional capacity evaluation, hot and cold unit, a TENS unit, extracorporeal shock wave therapy, and MRI imaging of lumbar spine were sought while the applicant was placed off of work, on total temporary disability.On May 13, 2014, the applicant was again placed off of work, on total temporary disability, while localizing intense neurostimulation therapy, a lumbar support, pain management consultation, an orthopedic surgery consultation were sought.The topical compounds in question were endorsed on several other occasions throughout the course of the claim, including via an RFA form dated September 12, 2014, in which two separate cyclobenzaprine containing compounds were sought without any associated narrative commentary or progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine are not recommended for topical compound formulation purposes. Similarly, the Gabapentin ingredient in the compound, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines is likewise considered not recommended. With one or more ingredients in the compound not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Compound Medication: Cyclobenzaprine 2%, Flurbiprofen 25% 180 grams 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, muscle relaxants such as Cyclobenzaprine are not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals, including Ibuprofen, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent at issue. Therefore, the request is not medically necessary.