

Case Number:	CM14-0207166		
Date Assigned:	12/19/2014	Date of Injury:	01/08/2013
Decision Date:	02/18/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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, Ohio, 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 a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of January 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; a TENS unit; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated November 18, 2014, the claims administrator denied a request for topical-compounded diclofenac-gabapentin-lidocaine-tetracaine compound. Progress notes of July 16, 2013 and August 12, 2013 were referenced, along with historical Utilization Review Reports. In an August 19, 2014 progress note, the attending provider sought authorization for a topical compounded medication. In a September 13, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was pending lumbar spine surgery. The applicant was using OxyContin, Norco, Norvasc, Lexapro, Klonopin, Ambien, Desyrel, and VESIcare, it was acknowledged. The applicant had undergone earlier lumbar laminectomy surgery, it was incidentally noted. Laboratory testing was apparently endorsed as a precursor to the pursuit of subsequent lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Gabapentin/Lidocaine/Tetracaine x 2 refills: 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 rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the secondary ingredient in the compound at issue, is 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 numerous first-line oral pharmaceuticals including Desyrel, Norco, OxyContin, etc., 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 was not medically necessary.