MAXIMUS Federal Services

Case Number:	CM14-0207545		
Date Assigned:	12/19/2014	Date of Injury:	02/27/2014
Decision Date:	02/17/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/11/2014

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 February 27, 2014.In a Utilization Review Report dated November 6, 2014, the claims administrator failed to approve a request for several topical compounded agents, referencing various progress notes interspersed throughout July, August, and October 2014, including an October 8, 2014 progress note.The applicant's attorney subsequently appealed.In an earlier note dated December 27, 2014, the applicant reported ongoing complaints of low back, neck pain, and insomnia. Naprosyn, Flexeril, Xanax, Norco, Prilosec, and several topical compounds were endorsed along with DNA testing and urine drug testing.On July 29, 2014, the applicant received manipulative therapy, a functional capacity testing was performed on June 10, 2014. The applicant went onto receive extracorporeal shockwave therapy at various points in 2014, including on August 8, 2014.In a progress note dated October 8, 2014, various dietary supplements and topical compounds were endorsed, along with extracorporeal shockwave therapy and physical therapy. A rather proscriptive 10-pound lifting limitation was also endorsed, it was suggested that the applicant was not working with said limitation in place.On August 30, 2014, the applicant was then given Naprosyn, Flexeril, Xanax, Norco, omeprazole, and several topical compounded medications. Urine drug testing and DNA testing were again sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Amitriptyline/Bupivacaine 420g: Upheld

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

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

Decision rationale: The Gabapentin-Amitriptyline-Bupivacaine topical compound was not medically necessary, medically appropriate, or indicated here.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 are 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.

Flurbiprofen/Baclofen/Dexamethasone 240g: Upheld

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

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

Decision rationale: The Flurbiprofen-Baclofen-Dexamethasone compound was likewise not medically necessary, medically appropriate, or indicated here.As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the secondary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Naprosyn, Norco, Flexeril, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" compounded at issue. Therefore, the request was not medically necessary.