

Case Number:	CM14-0036907		
Date Assigned:	06/25/2014	Date of Injury:	05/15/2012
Decision Date:	05/01/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/26/2014

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, New York, 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 71-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, mid back, and knee pain reportedly associated with an industrial injury of May 15, 2012. In a Utilization Review report dated March 4, 2014, the claims administrator denied several topical compounded medications apparently prescribed and/or dispensed on January 27, 2014 and October 14, 2013. The applicant's attorney subsequently appealed. Several topical compounded medications were endorsed via an RFA form of October 14, 2013. No progress notes or narrative commentary was attached. On January 27, 2014, the applicant reported multifocal complaints of low back, knee, shoulder, hand, and wrist pain. Home exercise program, oral tramadol, topical compounds, an internal medicine evaluation, MRIs of the shoulders and wrists, and a rather proscriptive 10-pound lifting limitation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin) cream: 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: No, the topical compounded tramadol-gabapentin-menthol-camphor-capsaicin 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 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 first-line oral pharmaceuticals such as oral tramadol effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.

Flurflex (Fluribprofen/Cyclobenzaprine) cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

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

Decision rationale: Similarly, the request for a flurbiprofen-cyclobenzaprine cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, 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 first-line oral pharmaceuticals such as oral tramadol effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.