

Case Number:	CM15-0000477		
Date Assigned:	01/12/2015	Date of Injury:	09/07/1993
Decision Date:	03/05/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/02/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 injured worker is a male patient, who sustained an industrial injury on 09/07/1993. A pain management follow up visit dated 12/09/2014 reported a chronic complaint of lower back pain secondary to lumbar degeneration. The pain is described as frequent, sharp, stabbing sensations with spasm. He is also noted with severe hypogonadism secondary to chronic opioid use. In addition, he complained of chronic severe neck pain with right upper extremity numbness and weakness following his more recent injury in 2010 which required surgical intervention. Lastly, he is noted with left leg pain following tib/fib and bilateral heel fractures in 2011 requiring surgical intervention. The most recent MRI reported 08/02/2013 showed DDD, DJD L 2, 3 lumbar spinal stenosis and L 4-5 HNP with bilateral foraminal stenosis and left L 4 impingement. The PCP listed the approved body parts as; jaw, chin, lips, tongue, cervical and lumbar. Prescribed medications are as follows; Fentanyl, Gabapentin, Anhydrous gel, Bupropion, Acetaminophen, Aspirin, Omeprazole, Pinnacle compound cream, Pantoprazole sodium, levitra, Diovan HCT, Clonidine HCL and Atorvastatin Calcium. On 12/22/2014 Utilization Review non-certified the Pinnacle compound powder, noting the CA MTUS Chronic pain topical analgesic. The injured worker submitted an application for IMR for review of requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pinnacle Compound Powder #300 for 30 day supply: Upheld

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

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

Decision rationale: The request is for Pinnacle Compound Powder #300 which contains among other drugs - Ketamine, Doxepin and Orphenadrine. MTUS Chronic pain notes that is one drug of a compound drug is not recommended then the compound drug is not recommended. In this case each of the three - Ketamine, Doxepin and Orphenadrine - is not recommended so the requested compound topical analgesic is not recommended.