

Case Number:	CM15-0107735		
Date Assigned:	06/12/2015	Date of Injury:	05/15/2014
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/04/2015

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: 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 53-year-old who has filed a claim for chronic neck and low back reportedly associated with an industrial injury of May 15, 2014. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced a June 2, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On April 23, 2015, epidural steroid injection therapy was sought. On May 12, 2015, the applicant again reported 7/10 low back pain complaints. Epidural injection therapy was again sought. The applicant's work status was not detailed. The applicant's medication list was likewise not detailed or characterized. In a separate note dated June 2, 2015, the applicant again reported ongoing complaints of neck and low back pain. Mobic, Pamelor, and Tylenol No. 3 were endorsed. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen/Lidocaine/Baclofen/Cyclobenzaprine/PCCA C #150 x 3 refills:
Upheld

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

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

Decision rationale: No, the request for a topical compounded flurbiprofen-lidocaine-baclofen-cyclobenzaprine-containing compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of numerous first-line oral pharmaceuticals including Mobic, Pamelor, Tylenol No. 3, etc., furthermore, obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the agent in question. Therefore, the request was not medically necessary.