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| Case Number: | CM15-0138376 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 04/04/1986 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 07/14/2015 |
| Priority: | Standard | Application Received: | 07/16/2015 |

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 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 4, 1986. In a utilization review report dated July 14, 2015, the claims administrator failed to approve requests for a cyclobenzaprine-containing topical compound and a gabapentin-containing topical compound, both of which were apparently prescribed and/or dispensed on or around January 20, 2015. The applicant's attorney subsequently appealed. On November 24, 2014, the applicant reported ongoing complaints of low back pain. The applicant was not working, it was acknowledged. The applicant was on Norco, Ambien, Motrin, Prilosec, Valium, and Tizanidine, it was reported. Unspecified amounts of topical compounds were apparently prescribed via a report of the same date, November 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin compound 150gm #1, per 01/20/15 order: 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: No, the request for a gabapentin-containing 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. This results in the entire compound is carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of numerous first-line oral pharmaceuticals to include Norco, Motrin, Tizanidine, etc., effectively 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.

Cyclobenzaprine HCL compound 150gm #1, per 01/20/15 order: 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: Similarly, the request for a cyclobenzaprine-containing topical compound 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 primary ingredient in the compound, are 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. Therefore, the request was not medically necessary.