

Case Number:	CM15-0138942		
Date Assigned:	07/28/2015	Date of Injury:	03/28/2011
Decision Date:	09/02/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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 57-year-old who has filed a claim for knee, shoulder, and low back pain reportedly associated with an industrial injury of March 28, 2011. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve request for a topical compounded agent. The claims administrator referenced an RFA form received on June 18, 2015 in its determination, along with a progress note of May 15, 2015. The applicant's attorney subsequently appealed. On June 10, 2015, the applicant reported ongoing complaints of shoulder, knee, and low back pain. Cyclobenzaprine, diclofenac, Neurontin, and topical compounded cream in question were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/ Gabapentin 6%/ Baclofen 2%/ Lidocaine 4%/ Cyclobenzaprine 2%/ Microderm Base Cream 240gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Treatments Guidelines.

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

Decision rationale: No, the topical compounded flurbiprofen-gabapentin-baclofen containing cream 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, 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 concomitant usage of first line oral pharmaceuticals such as Neurontin, diclofenac, and Flexeril, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as agent in question. Therefore, the request was not medically necessary.