

Case Number:	CM15-0143158		
Date Assigned:	08/07/2015	Date of Injury:	01/29/1999
Decision Date:	09/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 29, 1999. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced a June 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On August 3, 2015, the applicant reported ongoing complaints of shoulder, low back, and knee pain. The applicant was on tramadol, Xanax, Ambien, Flexeril, and Mobic, it was reported. The applicant was placed off of work, on total temporary disability. On July 6, 2015, the applicant was given prescriptions for Mobic, Flexeril, Ambien, and tramadol, it was reported. The applicant was, once again, placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Custom lipo-max cream: Lidocaine powder 5%, Flurbiprofen powder 20%, Cyclobenzaprine HCL powder 4% 240 g with 3 refills (DOS: 11/26/2014): 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 lidocaine-flurbiprofen-cyclobenzaprine containing topical compounded agent was 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, i.e., the tertiary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of multiple first-line oral pharmaceuticals to include tramadol, Mobic, etc., 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.