

Case Number:	CM15-0145555		
Date Assigned:	08/06/2015	Date of Injury:	11/19/2008
Decision Date:	09/10/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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 52-year-old who has filed a claim for chronic neck, shoulder, and elbow pain reportedly associated with an industrial injury of November 19, 2008. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for a topical compounded medication. The claims administrator referenced an RFA form received on July 15, 2015 in its determination. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant reported ongoing complaints of shoulder and elbow pain. The applicant was placed off of work, on total temporary disability. Medication selection and medication efficacy were not discussed or detailed. An earlier note dated March 19, 2015 was also notable for commentary that the applicant had severe shoulder and elbow pain complaints. Authorization for shoulder surgery was sought while tramadol and Naprosyn were renewed. Medication selection and medication efficacy were not discussed or detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compound medication containing Ketoprofen 10%, Gabapentin 8%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, and hyaluronic acid 2%, Apply 1-2 pumps to affected areas 3-4 times a day. Dispensed 300gm with 3 refills on 4/30/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the topical compounded ketoprofen-gabapentin containing agent was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not FDA approved for topical application purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of first- line oral pharmaceuticals such as Naprosyn and tramadol, moreover, 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 is not medically necessary.