

Case Number:	CM15-0145597		
Date Assigned:	08/06/2015	Date of Injury:	11/17/2014
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
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 47-year-old who has filed a claim for chronic low back pain and ankle pain reportedly associated with an industrial injury of November 7, 2014. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for a topical compounded medication. The claims administrator referenced an RFA form received on July 8, 2015 in its determination. The applicant's attorney subsequently appealed. On June 10, 2015, the applicant reported ongoing complaints of low back and ankle pain. The applicant was placed off of work, on total temporary disability, while orphenadrine-caffeine, gabapentin-pyridoxine, omeprazole-flurbiprofen, and the topical compounded agent at issue were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclo/Menth cream 180 grams, apply 1-2 grams 2-3 times per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: No, the request for a topical flurbiprofen-cyclobenzaprine-menthol compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine, 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 MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first line oral pharmaceuticals such as gabapentin, furthermore, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guideline deems largely experimental agents such as the compound in question. Therefore, the request was not medically necessary.