

Case Number:	CM15-0147536		
Date Assigned:	08/10/2015	Date of Injury:	06/24/2001
Decision Date:	09/10/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/29/2015

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 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 24, 2001. In a Utilization Review report dated July 27, 2015, the claims administrator failed to approve a topical compounded cream. The referenced an RFA form received on July 20, 2015 in its determination, along with an associated progress note of July 16, 2015. The applicant's attorney subsequently appealed. On said July 20, 2015 RFA form, the topical compounded agent in question was endorsed, along with Elavil, Flexeril, Norco, lumbar MRI imaging, manipulative therapy, and epidural steroid injection therapy. In an associated progress note of July 16, 2015, the applicant reported 8/10 low back pain complaints radiating into the bilateral lower extremities. The applicant was using a variety of agents, including Oxycodone, Flexeril, Neurontin, Elavil, Prilosec, and the topical compound in question, it was reported. The applicant had developed derivative complaints of depression and anxiety, it was reported. Lumbar MRI imaging and epidural steroid injection therapy were sought. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of analgesic creams: Tramadol 20% Flurbiprofen 20% Cyclobenzaprine 20%: Upheld

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

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

Decision rationale: No, the request for a tramadol-flurbiprofen-cyclobenzaprine 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, muscle relaxants such as Cyclobenzaprine, the tertiary ingredient in the compound in question, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended in the compound, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Flexeril, Elavil, Neurontin, 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.