MAXIMUS Federal Services

Case Number:	CM15-0147557		
Date Assigned:	08/10/2015	Date of Injury:	04/19/2014
Decision Date:	09/10/2015	UR Denial Date:	07/13/2015
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 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 19, 2014. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve a request for several topical compounded agents. The claims administrator referenced an RFA form received on July 8, 2015 in its determination. The applicant's attorney subsequently appealed. On multiple RFA forms of July 6, 2015, a multistimulator device, topical compounds, lumbar MRI imaging, electro diagnostic testing, physical therapy, Naprosyn, and Prilosec were sought. In an associated progress note of July 1, 2015, difficult to follow, not entirely legible, blurred because of repetitive photocopying and faxing, the claimant presented with ongoing complaints of low back pain. Naprosyn, Flexeril and the topical compounds in question were endorsed. The claimant was given a rather proscriptive 10 to 15 pound lifting limitation. It did not appear that the claimant was working with said limitation in place. There was no seeming mention of the claimant's having any issues with reflux, heartburn, and/or dyspepsia, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Compound Cream/Gel: Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, Cyclobenzaprine 2% Qty 360gm, Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

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

Decision rationale: No, the request for a flurbiprofen-gabapentin-lidocaine-baclofen 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, 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. It is further noted that the applicant's provision with a prescription for Naprosyn, a first-line oral pharmaceutical, on July 1, 2015, 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 was not medically necessary.

Omeprazole 20mg Tablets Qty #30, Refills Unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for Omeprazole (Prilosec), a proton-pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, the July 1, 2015 progress note on which Omeprazole was endorsed made no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.