

Case Number:	CM15-0149500		
Date Assigned:	08/12/2015	Date of Injury:	07/01/2014
Decision Date:	09/14/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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 hand and wrist pain reportedly associated with an industrial injury of July 1, 2014. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for several topical compounded agents apparently prescribed and/or dispensed on or around June 29, 2015, June 30, 2015, and July 1, 2015. The applicant's attorney subsequently appealed. On February 3, 2015, the applicant reported multifocal complaints of neck, midback, elbow, and wrist pain. Norco and several topical compounded medications were endorsed. Multifocal complaints of pain, 4-9/10, were reported. The applicant was also given various dietary supplements. Work restrictions were endorsed. It was not explicitly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On a medical-legal evaluation of June 3, 2015, the applicant was placed off of work, on total temporary difficulty, owing to multifocal complaints of neck, wrist, hand, and elbow pain with associated upper extremity paresthesias.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine, Propylene Glycol, Pentoxifylline, Stera Base, Aminophylline Anhydrous Total QTY 240: 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): 111-112.

Decision rationale: No, the request for a lidocaine-propylene-pentoxifylline containing topical compound was not medically necessary, medically appropriate, or indicated here. While page 112 of the Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine, the primary ingredient in the compound, is recommended in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the lidocaine-containing topical compound in question. Since the primary ingredient in the compound was not indicated, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Keto, BacI, CyclH, BuvH, ClonH, Ethy AL, PurWa, Meth, Prop, EthoDI, SterB, SodHay QTY 240: 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): 111-112.

Decision rationale: Similarly, the request for a ketoprofen-containing topical compound was likewise 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 the primary ingredient in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It was further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Norco effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Guidelines deems the "largely experimental" topical compounded agent in question.

BacI, Cycl Hcl, Aman Hcl, Bupv Hcl, Ethy Alc, Ethox Dis, Gab, Pento, Diclo Sod, Sterea Bas QTY 240: 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: Finally, the request for a Baclofen-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the primary 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. As of the preceding request, the applicant's concomitant usage of Norco, a first-line oral pharmaceutical, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment considers the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.