

Case Number:	CM15-0161390		
Date Assigned:	08/27/2015	Date of Injury:	10/08/2012
Decision Date:	10/02/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/17/2015

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 [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of October 8, 2012. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for several topical compounded agents. The claims administrator referenced an RFA form received on August 3, 2015 and an associated progress note of June 8, 2015 in its determination. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant was placed off work, on total temporary disability, while multiple topical compounds, dietary supplements, and oral suspensions were endorsed. Multifocal complaints of knee, ankle, and foot pain were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container - Cyclobenzaprine 2% and Flurbiprofen 25%, 180grams: 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): 111-113.

Decision rationale: No, the request for a cyclobenzaprine-flurbiprofen containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e., the primary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compounds were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

1 container of Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% and Camphor 2% in 180grams: 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: Similarly, the request for a capsaicin-flurbiprofen-gabapentin 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, gabapentin, i.e., the tertiary ingredient in the compound is not recommended for topical compound formulation purposes. This result in the entire compound is carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's highly templated progress note of July 15, 2015, did not, furthermore, outline why the applicant could not employ what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals in favor of what page 111 of the MTUS Chronic Pain Medical Treatment Guideline considers "largely experimental" topical compounds such as the agent in the question. Therefore, the request was not medically necessary.