

Case Number:	CM15-0166661		
Date Assigned:	09/04/2015	Date of Injury:	12/28/2010
Decision Date:	10/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/25/2015

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] beneficiary who has filed a claim for chronic elbow, hand, neck, and shoulder pain reportedly associated with industrial injury of December 28, 2010. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for topical compounded agent. The claims administrator referenced an RFA form received on July 20, 2015 in its determination. On February 11, 2015, the applicant reported ongoing issues with depression and chronic neck pain. The claimant's medications included Norco, Naprosyn, Prilosec, Xanax and Cymbalta, it was reported. 8/10 pain complaints were reported. On July 9, 2015, the claimant was asked to continue Norco, Naprosyn, Prilosec, and Xanax. A TENS unit device and continuous heating device were endorsed. The claimant was not working, it was acknowledged, was receiving welfare benefits, was in the process of applying for Social Security Disability Insurance (SSDI) benefits, it was reported. The claimant was also using topical compounded agent, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical cream: Ketoprofen/Gabapentin/Tramadol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for a ketoprofen-gabapentin-Tramadol containing compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, i.e., the primary ingredient in the compound, is not FDA approved for topical application purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of oral pharmaceuticals to include Norco, Naprosyn, 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.