

Case Number:	CM15-0167804		
Date Assigned:	09/08/2015	Date of Injury:	09/27/2012
Decision Date:	10/22/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/26/2015

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 35-year-old who has filed a claim for chronic hand, wrist, and finger pain with derivative complaints of anxiety, sleep disturbance, and mood disorder reportedly associated with an industrial injury of September 27, 2012. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for several topical compounded agents. The claims administrator referenced an RFA form dated July 15, 2015, an order form of the same date, and an office visit dated May 13, 2015 in its determination. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of hand, wrist, and finger pain with derivative complaints of anxiety, depression, and insomnia. MRI imaging of the right hand, electrodiagnostic testing of bilateral upper extremities, and several topical compounded agents were endorsed, while the applicant was kept off of work. On April 8, 2015, the applicant was likewise kept off of work, on total temporary disability, while multiple topic compounded dietary supplements were endorsed. In a letter dated April 8, 2015, the attending provider reiterated his request for the topical compounds in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capaicin/Flurbiprofen/Gabapentin/Menthol. Camphor 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for a capsaicin-flurbiprofen-gabapentin 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, i.e., the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not, furthermore, clearly state why what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the agent in question were employed in favor of what the MTUS Guideline in ACOEM Chapter 3, Page 47 considers first-line oral pharmaceuticals. Therefore, the request was not medically necessary.

Cyclobenzaprine/Gabapentin/Amitriptyline 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Similarly, the request for cyclobenzaprine-gabapentin-amitriptyline 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 secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was 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.