

Case Number:	CM15-0181230		
Date Assigned:	09/30/2015	Date of Injury:	08/31/2013
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/15/2015

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 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 31, 2013. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for a topical compounded agent apparently prescribed and/or dispensed on or around August 31, 2015. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported ongoing complaints of low back pain radiating to the left lower extremity. The applicant was using the topical compound in question, oral Motrin, and an H-Wave device. The applicant was described as having finally presented to the clinic with chronic low back pain with superimposed complaint of depression. A rather proscriptive 20-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine, Pentoxifylline #120 grams: Upheld

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

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 topical compounded bupivacaine-diclofenac-doxepin-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 quaternary 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 was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Motrin, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers "largely experimental" topical compounds such as the agent in question. Therefore, the request was not medically necessary.