MAXIMUS Federal Services

Case Number:	CM15-0186028		
Date Assigned:	09/28/2015	Date of Injury:	09/24/2003
Decision Date:	11/10/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/21/2015

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 low back pain (LBP) reportedly associated with an industrial injury of September 24, 2003. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for an Enova topical compound. A July 8, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant reported ongoing complaints of neck and low back pain, 5-6/10. The attending provider stated that the applicant's topical Enova Rx compound was attenuating her pain complaints and improving performance of unspecified activities of daily living. Lidoderm patches and diclofenac were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enova 10% #60: 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): Introduction, Topical Analgesics.

Decision rationale: No, the request for an Enova 10% topical compounded cream was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the agent in question, as a class, are deemed "largely experimental." Here, the applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as diclofenac effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers the "largely experimental" topical compounded agent in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should be "knowledgeable" regarding prescribing information. Here, however, the attending provider did not specify the exact ingredients in and/or composition of the compound in question. Therefore, the request was not medically necessary.