MAXIMUS Federal Services

Case Number:	CM15-0188041		
Date Assigned:	09/29/2015	Date of Injury:	03/22/1999
Decision Date:	11/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/24/2015

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 53-year-old who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of March 22, 1999. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for several topical compounded agents. The claims administrator referenced office visits of July 28, 2015 and August 3, 2015 in its determination. The applicant's attorney subsequently appealed. On July 27, 2015, the applicant reported ongoing issues with chronic neck pain, myofascial pain syndrome and fibromyalgia. Neurontin, Prilosec, Flexeril, and the topical compounds in question were seemingly renewed and/or continued while the applicant was asked to remain off of work, on "permanent disability." On May 19, 2015, it was acknowledged that the applicant was using Neurontin, Flexeril, Prilosec, and Tylenol in addition to topical compounded agents in question. The applicant was again kept off of work on "permanent disability," it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10% + Gabapentin 10% cream 30 gm QTY 1.00: 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 cyclobenzaprine-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, muscle relaxants such as cyclobenzaprine, i.e., the primary ingredient in the compound, are not recommended for topical compound formulation purposes. This result in the entire compound's carrying an unfavorable recommendation, 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 Neurontin, Tylenol, Flexeril, etc., 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.

Flurbiprofen 20% cream 30 gm QTY 1.00: 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 a flurbiprofen-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is "little evidence" to utilize topical NSAIDs for the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generator was, in fact, the cervical spine, it was reported on May 19, 2015 and July 28, 2015, i.e., a body part for which there is "little evidence" to utilize topical NSAIDs such as flurbiprofen, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.