MAXIMUS Federal Services

Case Number:	CM15-0190481		
Date Assigned:	10/02/2015	Date of Injury:	03/26/2015
Decision Date:	12/21/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 26, 2015. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for several topical compounded agents. The claims administrator referenced a July 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said July 24, 2015 office visit, the applicant reported ongoing issues with chronic low back, knee, hand, and wrist pain. The applicant was off of work, the treating provider acknowledged. The applicant had not worked since the date of injury, the treating provider reported. The applicant was using both Vicodin and Motrin for pain relief, the treating provider reported toward the top of note. Physical therapy, electrodiagnostic testing, bilateral knee MRI imaging, Ultracet, oral Voltaren, and the topical compounded agents in question were endorsed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Ethoxyli/Pentravan, QTY: 120: 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 flurbiprofen-containing topical compound was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the lumbar spine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is little evidence to utilize topical NSAID such as flurbiprofen, i.e., the primary ingredient in the compound, in the treatment of the spine, i.e., the primary pain generator here. 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 applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Ultracet, oral Voltaren, Vicodin, Motrin, etc., 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. Therefore, the request is not medically necessary.

Ketamine/Ketoprofen/Ethoxyli/Pentravan, QTY: 120: 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 ketamine-ketoprofen-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 topical ketoprofen, i.e., the secondary ingredient in the compound, is not FDA approved for topical application 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 is not medically necessary.

Gabapentin/Cyclobenzaprine/Capsaicin/Ethoxyli/Pentravan, QTY: 120: 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: Finally, the request for a gabapentin-cyclobenzaprine-capsaicin-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 primary 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 is not medically necessary.