MAXIMUS Federal Services

Case Number:	CM15-0192826		
Date Assigned:	10/06/2015	Date of Injury:	08/11/2014
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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 23-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 11, 2014. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve requests for several topical compounded agents. The claims administrator referenced an August 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 14, 2015, the applicant reported ongoing complaints of low back pain radiating to the leg. The applicant was asked to pursue epidural steroid injection therapy for the same. The applicant's medication list was not seemingly detailed on this date. One June 11, 2015, several topical compounded creams were endorsed to ameliorate ongoing complaints of chronic low back pain. The applicant was asked to pursue a repeat epidural steroid injection, despite the fact that the previous epidural steroid injection had proven unsuccessful. On again, the applicant's medication list was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0/5% in base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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-baclofen-dexamethasone 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, baclofen, 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. The attending provider did not, furthermore, clearly state why what the MTUS Guideline ACOEM Chapter 3, page 47 considers first line oral pharmaceuticals were not employed in the favor of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers largely experimental topical compounds such as the agents in question. Therefore, the request is not medically necessary.

Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in base cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: Similarly, the request for an amitriptyline-gabapentin-bupivacaine 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 is not medically necessary.