MAXIMUS Federal Services

Case Number:	CM15-0193801		
Date Assigned:	10/07/2015	Date of Injury:	05/01/2014
Decision Date:	11/23/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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] who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 1, 2014.In a utilization review report dated September 3, 2015, the claims administrator failed to approve a request for several topical compounded agents. Non-MTUS ODG Guidelines were apparently invoked in the denial. The claims administrator referenced an RFA form received on August 31, 2015 in its determination. The applicant's attorney subsequently appealed. On July 30, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was placed off of work, on total temporary disability, while Norco and the topical compounds at issue were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comp topical creams TGICE and Flurbiprofen 20%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) 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 topical compounded tramadol - gabapentin-containing cream and a Flurbiprofen-containing topical compound were 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 first compound, is not recommended for topical compound formulation purposes, resulting in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the tramadol - gabapentin-containing compound was not indicated. In a similar vein, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that there is "little evidence" to utilize topical NSAIDs such as Flurbiprofen, i.e., the second cream, in the treatment of spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the cervical spine and right shoulder, the treating provider reported on July 30, 2015. Since both creams were not indicated, the entire request was not indicated. The applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals to include Norco, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems to be "largely experimental" topical compounded agent(s) in question. Therefore, the request was not medically necessary.