

Case Number:	CM15-0195093		
Date Assigned:	10/08/2015	Date of Injury:	12/13/2013
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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 35-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 13, 2013. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for a topical compounded agent. An RFA form received on September 14, 2015 was referenced in the determination, along with an associated progress note dated September 13, 2015. On August 20, 2015, the applicant was asked to continue unspecified topical compounds while receiving physical therapy for ongoing complaints for chronic low back pain. The applicant was placed 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:

Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin .05% 120g jar:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 tramadol-Gabapentin-menthol 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, 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. The attending provider's documentation, moreover, did not establish a clear or compelling rationale for pursuit of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers "largely experimental" topical compounds such as agent in question in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals. Therefore, the request was not medically necessary.