MAXIMUS Federal Services

Case Number:	CM15-0208895		
Date Assigned:	10/27/2015	Date of Injury:	10/05/2011
Decision Date:	12/11/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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 represented [redacted] beneficiary who has filed a claim for chronic hand and finger pain with derivative complaints of depression reportedly associated with an industrial injury of October 5, 2011. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced an October 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 17, 2015, the applicant reported multifocal complaints of low back, knee, and wrist pain. The note was handwritten, difficult to follow, comprised in large part of preprinted checkboxes, pain management consultation, 12 sessions of manipulative therapy, electrodiagnostic testing, and MRI imaging of the multiple body parts were endorsed. The applicant was given work restrictions, although it did not appear that the applicant was working with said limitations in place. No seeming discussion of medication selection or medication efficacy transpired. On a September 18, 2015 RFA form, the topical compounds in question, Naprosyn, Prilosec, Flexeril, Tramadol, and manipulative therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hnpc1 - Amitriptyline HCL 10%/ Gabapentin 10%/ Bupivacaine HCL 5%/ Hyaluronic Acid 0.2% 240grams: 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 an Amitriptyline-Gabapentin-Bupivacaine 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 compounded formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound was not recommended, 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 Naprosyn, Tramadol, moreover, effectively obviated the need for what page 111 of MTUS Chronic Pain Medical Treatment Guidelines considers the "largely experimental" topical compounded agent in question. Therefore, the request is not medically necessary.