MAXIMUS Federal Services

Case Number:	CM15-0020992		
Date Assigned:	02/10/2015	Date of Injury:	07/09/2010
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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, Ohio, 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 49-year-old [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 9, 2010. In a Utilization Review Report dated January 10, 2015, the claims administrator failed to approve a request for topical compounded medications and dietary supplements. The claims administrator seemingly referenced a December 16, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated November 20, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back and wrist pain. Medication selection or medication efficacy was not discussed. The applicant was asked to consult a hand surgeon, neurologist, and an orthopedist. On December 2, 2014, the applicant was, once again, placed off of work, on total temporary disability. An orthopedic consultation and unspecified medications were reportedly renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol / Gabapentin / Cyclobenzaprine / Capsaicin / Menthol / Camphor / alba derm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26.

Decision rationale: 1. No, the tramadol-gabapentin-cyclobenzaprine-capsaicin-camphor topical compounded cream was not medically necessary, medically appropriate, or indicated here.As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was/is not recommended, the entire compound is not recommended, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Moxifen / Tranilast / Caffeine / Alpha lipoi c acid / alba derm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26.

Decision rationale: 2. Similarly, the moxifen containing topical compound was likewise not medically necessary, medically appropriate, or indicated here.As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic and topical compounds, as a class, are deemed largely experimental. Here, the attending provider failed to furnish a clear or compelling applicant-specific rationale, which would offset the unfavorable MTUS position on the article at issue. It was not stated why topical compounds were being employed in the favor of first line oral pharmaceuticals. Therefore, the request was not medically necessary.