

Case Number:	CM15-0219408		
Date Assigned:	11/12/2015	Date of Injury:	12/22/2003
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/09/2015

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] beneficiary who has filed a claim for chronic low back pain, shoulder, and knee pain reportedly associated with an industrial injury of December 27, 2003. In a Utilization Review report dated October 26, 2015, the claims administrator failed to approve requests for several topical compounded agents. The claims administrator referenced a September 30, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 30, 2015 office visit, the applicant reported multifocal complaints of low back, shoulder, and knee pain. Naprosyn, Protonix, and Flexeril were all seemingly endorsed. The applicant was given a rather proscriptive 15-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. The topical compound agents in question were also seemingly endorsed, the treating provider stated towards the bottom of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.25% cream 180grams, 30 day supply #1 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 flurbiprofen-baclofen 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 topical compounded formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Naprosyn effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent in question.

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% cream 180gm, 30 day supply #1 jar:
Upheld

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

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

Decision rationale: Similarly, the request for gabapentin-amitriptyline containing 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 primary ingredient in the compound, is not recommended for topical compounded 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 was not medically necessary.