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| Case Number: | CM15-0030412 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 02/08/2014 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/21/2015 |
| Priority: | Standard | Application Received: | 02/18/2015 |

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 31-year-old [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, chronic wrist pain, chronic knee pain, and myofascial pain syndrome reportedly associated with an industrial injury of February 8, 2014. In a Utilization Review Report dated January 21, 2015, the claims administrator failed to approve requests for several compounded medications. The claims administrator referenced a December 10, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On December 10, 2014, the applicant was placed off of work, on total temporary disability. Motrin, several topical compounded agents, Prilosec, chiropractic manipulative therapy, and biofeedback were endorsed while the applicant was kept off of work owing to multifocal complaints of neck, shoulder, mid back, low back, arm, wrist, and hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: No, the topical compounded FluriFlex compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril, one of the ingredients in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was/is 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.

TGHot 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Similarly, the request for TG hot topical compound was likewise not medically necessary, medically appropriate, or indicated here. One of the ingredients in the compound is gabapentin which, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are 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 ongoing usage of multiple first-line oral pharmaceuticals, including Motrin, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the, "largely experimental" topical compounded agent at issue. Therefore, the request was not medically necessary.