

Case Number:	CM15-0036632		
Date Assigned:	04/08/2015	Date of Injury:	04/14/2009
Decision Date:	05/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/26/2015

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 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 14, 2009. In a Utilization Review report dated February 6, 2015, the claims administrator failed to approve a request for several topical compounded medications apparently prescribed and/or dispensed on or around January 23, 2015. The applicant personally appealed. On August 24, 2014, the applicant was placed off of work, on total temporary disability. Tramadol, acupuncture, and Prilosec were endorsed. Ongoing complaints of low back pain, 8/10, were reported. In an order form dated August 21, 2014, tramadol and Prilosec were renewed. The claims administrator's medical evidence log suggested that all of the notes on file were dated in 2014; thus, the January 6, 2015 RFA form made available to the claims administrator did not appear to have been incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Gabapentin/Amitripty/Dextromet/Versapro. 30 day supply #180: Upheld

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

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

Decision rationale: No, the topical compounded gabapentin containing agent was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound 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 ongoing usage of numerous first-line oral pharmaceuticals, including Ultracet, 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. Therefore, the request was not medically necessary.

Compound- Versapro/Flurbipro/Cyclobenz, 30 day supply #180: Upheld

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

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

Decision rationale: Similarly, the request for a Versapro-flurbiprofen-cyclobenzaprine compound was likewise not medically necessary, medically appropriate, and indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound 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. As with the preceding request, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Ultracet, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded. Therefore, the request was not medically necessary.