

Case Number:	CM15-0039597		
Date Assigned:	03/09/2015	Date of Injury:	04/22/2010
Decision Date:	04/16/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/02/2015

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 59-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 22, 2010. In a Utilization Review Report dated January 20, 2015 the claims administrator denied a topical compounded medication. A January 7, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 7, 2015, the applicant reported ongoing complaints of neck pain, low back pain, and inguinal pain. The applicant was apparently receiving dialysis for renal failure and also was receiving chemotherapy for leukemia. A topical compounded medication was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream Gabapentin Lidocaine, Flurbiprofen, Cyclobenzaprine and Menthol Ketamine ultra derm, 60grams: Upheld

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

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

Decision rationale: No, the request for a gabapentin-lidocaine-flurbiprofen-cyclobenzaprine compound 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. This results in the entire compounds carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider has not established why first-line oral pharmaceuticals cannot be employed here, particularly in light of the fact that the applicant was receiving hemodialysis on or around the date of the request. Therefore, the request was not medically necessary.