

Case Number:	CM15-0051552		
Date Assigned:	03/25/2015	Date of Injury:	11/28/2012
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/18/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back, hand, wrist, knee, and shoulder pain reportedly associated with an industrial injury of November 28, 2012. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve a request for a topical compounded medication. An RFA form received on February 20, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On February 2, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of shoulder, knee, hand, wrist, and low back pain. The applicant was status post an ORIF surgery of the wrist at an earlier point in time, the treating provider acknowledged. The applicant was asked to continue unspecified oral analgesic and topical compounded medications while remaining off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 8% / Gabapentin 10% / Menthol 2% / Camphor 2% / Capsaicin .05%, 120g jar:
 Upheld

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

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

Decision rationale: No, the request for a tramadol-gabapentin-menthol-camphor-capsaicin topical 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 secondary 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 appeared to be using oral pharmaceuticals, the treating provider acknowledged in his February 2, 2015 progress note, seemingly obviating the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental compounds such as the agent in question. Therefore, the request is not medically necessary.