

Case Number:	CM15-0052812		
Date Assigned:	03/26/2015	Date of Injury:	09/03/2013
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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 34-year-old, who has filed a claim for chronic neck, back, and shoulder pain reportedly associated with an industrial injury of December 3, 2013. In a Utilization Review Report dated March 9, 2015, the claims administrator failed to approve a request for a topical compounded cream as well as a combination of stimulator device/heating device. An RFA form received on March 2, 2015, and a progress note of February 25, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant underwent electrodiagnostic testing, which was notable for minimal to mild bilateral carpal tunnel syndrome. In a progress note dated February 25, 2015, the applicant reported ongoing complaints of neck pain. A combination of electrotherapy device plus solar care heating unit was furnished, while the applicant was placed off of work, on total temporary disability. The topical compounded cream request was also renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream-Gabapentin, Ketoprofen, Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the topical compounded gabapentin-ketoprofen-tramadol compound was not medically necessary, medically appropriate or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, 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. The attending provider did not, furthermore, furnish a clear or compelling rationale for introduction, selection, and/or ongoing usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent in question in favor of first line oral pharmaceuticals. Therefore, the request was not medically necessary.

X-force stimulator (TENS) with solar care for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Similarly, the request for an X-Force stimulator with associated solar care heating unit, was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of transcutaneous electrotherapy devices on a purchase basis should be predicated on the evidence of a favorable outcome during an earlier one month trial of the same, with evidence of favorable outcomes in terms of both pain relief and function. Here, however, the attending provider seemingly dispensed the device in question on February 25, 2015, without having the applicant first undergo a one-month trial of the same. Therefore, the request was not medically necessary.