

Case Number:	CM15-0052988		
Date Assigned:	03/26/2015	Date of Injury:	07/09/2013
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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 58-year-old [REDACTED] employee who has filed a claim for chronic knee and wrist pain reportedly associated with an industrial injury of July 9, 2013. In a Utilization Review report dated March 16, 2015, the claims administrator failed to approve a request for a compounded medication. The claims administrator did note that the applicant had undergone earlier wrist ORIF surgery. A February 6, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. In a December 18, 2014 progress note, the applicant reported ongoing complaints of wrist pain. The applicant was asked to remain off of work, on total temporary disability. Oral Flexeril, Prilosec, Ambien, and tramadol were endorsed, along with the compounded agent in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fluticasone/Gabapen/Hydogel/LE vocetirizine/Liquigel/Prilocaine on 1-29-15 (duration and frequency unknown): Upheld

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

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

Decision rationale: No, the topical compounded fluticasone-gabapentin containing 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. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first line oral pharmaceuticals, including tramadol, oral Flexeril, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medication Treatment Guidelines deems the largely experimental compounded agent in question. Therefore, the request was not medically necessary.