

Case Number:	CM15-0056009		
Date Assigned:	04/01/2015	Date of Injury:	10/16/2006
Decision Date:	05/28/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/24/2015

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 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 16, 2006. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve a request for a topical compounded medication. The claims administrator referenced a February 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 30, 2015, the applicant reported ongoing complaints of bilateral knee pain, 5-7/10. The applicant was using Norco, Soma, and OxyContin, all of which were apparently renewed and/or continued. The applicant also had a failed total knee arthroplasty, it was acknowledged. On February 4, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was asked to employ Skelaxin, Remeron, Norco, and OxyContin on this date. The attending provider stated that the applicant was permanently disabled due to chronic pain concerns, still using a cane to move about, and had last worked in 2006.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine/Baclofen/Cyclobenzaprine/PCCA cream: 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 flurbiprofen-lidocaine-baclofen-cyclobenzaprine-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the tertiary 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 Norco, OxyContin, Skelaxin, etc., 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.