

Case Number:	CM15-0058965		
Date Assigned:	04/03/2015	Date of Injury:	12/08/2014
Decision Date:	05/06/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/27/2015

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 25-year-old who has filed a claim for foot, ankle, neck, low back, and right upper extremity pain reportedly associated with an industrial contusion injury of December 8, 2014. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve requests for several topical compounded medications. A progress note of January 6, 2015 and a RFA form of February 16, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated February 16, 2015, several topical compounded medications were endorsed. In an associated progress note dated February 16, 2015, the applicant reported ongoing complaints of neck and low back pain. The topical compounded medications in question were endorsed, along with omeprazole, Naprosyn, and MRI imaging of the lumbar and cervical spines. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin / Amitriptyline / Dextromethorphan, 15% / 4% / 10% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, 47.

Decision rationale: No, the topical compounded gabapentin-containing cream was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the compound in question are deemed not recommended. It is further noted that the applicant's ongoing usage of what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals effectively obviated the need for the topical compounded agents in question. Therefore, the request was not medically necessary.

Cyclobenzaprine / Flurbiprofen 2% / 25% 180mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, 47.

Decision rationale: Similarly, the cyclobenzaprine-flurbiprofen compound was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the cyclobenzaprine-containing compound in question are deemed not recommended. The applicant's ongoing usage of what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals such as Naprosyn, furthermore, effectively obviated the need for the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.