

Case Number:	CM15-0241984		
Date Assigned:	12/21/2015	Date of Injury:	03/20/2001
Decision Date:	01/28/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/11/2015

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 pain (LBP) reportedly associated with an industrial injury of March 20, 2001. In a Utilization Review report dated November 17, 2015, the claims administrator failed to approve requests for several topical compounded agents. An October 13, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On August 25, 2015, the applicant reported ongoing issues with chronic neck, low back, and mid back pain. CT and lumbar MRI imaging were endorsed. Norco was prescribed. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On an October 13, 2015 addendum report, Norco, facet blocks, the topical compound in question, physical therapy, and confirmatory drug testing were all proposed. The applicant was placed off of work, on total temporary disability, on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Ketoprofen 20%/Ketamine 10% cream 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for a flurbiprofen-ketoprofen-ketamine containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketoprofen, i.e., the secondary ingredient in the compound, is not FDA approved for topical application purposes. Since one or more agents in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Norco, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.

Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Similarly, the request for a gabapentin-cyclobenzaprine-capsaicin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.