

Case Number:	CM14-0154252		
Date Assigned:	09/24/2014	Date of Injury:	03/03/2010
Decision Date:	11/25/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic wrist, hand, knee, ankle, foot, elbow, neck, and low back pain reportedly associated with cumulative trauma at work first claimed on March 3, 2010. The applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and topical compounds. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for a flurbiprofen-cyclobenzaprine-baclofen-lidocaine compound and also denied a request for gabapentin-tramadol-lidocaine compound. The applicant's attorney subsequently appealed. In a progress note dated March 29, 2014, it was acknowledged that the applicant was using a variety of oral pharmaceuticals, including oral Prozac, Naprosyn, and cyclobenzaprine. The applicant was placed off of work, on total temporary disability. Genetic testing and urine drug testing were sought. Twenty four sessions of physical therapy were also ordered, along with a multimodality transcutaneous electrotherapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound Flurbiprofen/cyclobenzaprine/baclofen/lidocaine, twice a day, duration unknown: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on the description of the services in question on the Utilization Review Report of August 28, 2014, the requests in question represent requests for two separate topical compounded medications, namely a flurbiprofen-cyclobenzaprine-baclofen-lidocaine compound and a gabapentin-tramadol-lidocaine compound. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, one of the ingredients in the flurbiprofen-containing 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 Naprosyn, Flexeril, Prozac, etc. effectively obviates the need for the largely experimental topical compound. Therefore, the flurbiprofen-cyclobenzaprine-baclofen-lidocaine topical compound was not medically necessary.

Retrospective compound Gabapentin/tramadol/lidocaine, twice a day, duration unknown:
Upheld

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

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

Decision rationale: As noted on page 113 of the Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue 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. As with the other compounds, the applicant's ongoing usage of several first-line oral pharmaceuticals, including Naprosyn, Prozac, Flexeril, etc, effectively obviates the need for the largely experimental gabapentin-containing topical compound. Therefore, the request was not medically necessary.