

Case Number:	CM14-0183050		
Date Assigned:	11/07/2014	Date of Injury:	05/12/2011
Decision Date:	12/11/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old female with a 5/12/11 date of injury. At the time (10/16/14) of the Decision for Compound medication Tobramycin/ Mupirocin/ Traconazole/ Prilocaine HCL), provided on August 27, 2014; Compound medication (Fluticasone/ Levocetirizine/ Pentoxifylline/ Prilocaine HCL/ Gabapentin), provided on August 27, 2014; and Flurb/Cyclo/Lido, frequency and duration unknown, provided on August 27, 2014, there is documentation of subjective (doing well) and objective (incision in the abdomen and low back was clean, dry, and intact, motor examination 5/5) findings, current diagnoses (other ill-defined conditions), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Tobramycin/ Mupirocin/ Traconazole/ Prilocaine HCL), provided on August 27, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen,

Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other Antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of other ill-defined conditions. However, the requested Compound medication Tobramycin/ Mupirocin/ Traconazole/ Prilocaine HCL), provided on August 27, 2014 contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound medication Tobramycin/ Mupirocin/ Traconazole/ Prilocaine HCL), provided on August 27, 2014 is not medically necessary.

Compound medication (Fluticasone/ Levocetizine/ Pentoxifylline/ Prilocaine HCL/ Gabapentin), provided on August 27, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other Antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of other ill-defined conditions. However, the requested Compound medication (Fluticasone/ Levocetizine/ Pentoxifylline/ Prilocaine HCL/ Gabapentin), provided on August 27, 2014 contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound medication (Fluticasone/ Levocetizine/ Pentoxifylline/ Prilocaine HCL/ Gabapentin), provided on August 27, 2014 is not medically necessary.

Flurb/Cyclo/Lido, frequency and duration unknown, provided on August 27, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other Antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of other ill-defined conditions. However, the requested

Flurb/Cyclo/Lido, frequency and duration unknown, provided on August 27, 2014 contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurb/Cyclo/Lido, frequency and duration unknown, provided on August 27, 2014 is not medically necessary.