

Case Number:	CM14-0095193		
Date Assigned:	09/15/2014	Date of Injury:	11/09/2012
Decision Date:	10/16/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 low back pain reportedly associated with an industrial injury of November 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; sacroiliac joint injection therapy; electrodiagnostic testing of May 20, 2013, notable for a mild acute L5 radiculopathy; epidural steroid injection therapy; and several topical compounded agents. In a June 2, 2014 progress note, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. In an August 12, 2014 progress note, the applicant was given prescriptions for oral Norco and Lidoderm patch. The topical compounds at issue were retrospectively sought via a Request for Authorization Form (RFA) of June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Compound Cream: Flurbiprofen 20%/Tramadol 20% (date of service 4/10/14) QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112, 113. Decision based on Non-MTUS Citation National Guideline Clearinghouse Website

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, it is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals, including Norco, effectively obviates the need for the topical compounded agent at issue. Therefore, the request is not medically necessary.

Retrospective: Compound Cream Amitriptyline 10%/Dextromethrophan10%/Gabapentin 10% (date of service 04/10/2014) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112, 113.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, one of the ingredients in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.