MAXIMUS Federal Services

Case Number:	CM14-0097719		
Date Assigned:	07/25/2014	Date of Injury:	09/25/2011
Decision Date:	10/02/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/26/2014

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 represented [redacted] employee, who has filed a claim for chronic neck pain, upper back pain, and migraine headaches reportedly associated with an industrial injury of September 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of acupuncture, physical therapy, manipulative therapy; and topical compounded drugs. In a Utilization Review Report dated June 12, 2014, the claims administrator denied a request for topical compounded drugs. The applicant's attorney subsequently appealed. On July 8, 2014, the applicant was described as having had recent facet blocks for the cervical spine and recent cervical epidural steroid injections therapy, along with greater occipital nerve blocks. The applicant was described as using Topamax, Tylenol and Maxalt, it was suggested, at that point in time. In a June 12, 2014, progress note, the applicant again reported multifocal neck pain and shoulder pain with associated headaches, 8/10. The applicant was not currently working, it was acknowledged, and was also reporting sleep disturbance. The applicant was on omeprazole, Prilosec, Zetia, Levoxyl, it was stated. A topical compounded cream at issue was apparently endorsed on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound medication (includes: sumatriptian pow, amitriptylin pow hcl, tramadol hcl pow, gabapentin pow, lidocaine pow hcl, steril water sol irrig, ethoxy ethnl liq sulfoxid, and versatile cre base): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, gabapentin, one of ingredients in the cream, 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. It is further noted that the applicant's ongoing usage of numerous first line oral pharmaceuticals, including gabapentin, Topamax, Maxalt, Tylenol, etc., effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Guidelines deems the largely experimental topical compounded drug at issue. Therefore, the request for this compound topical medication is not medically necessary or appropriate.