MAXIMUS Federal Services

Case Number:	CM15-0101847		
Date Assigned:	06/04/2015	Date of Injury:	04/21/2014
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 21, 2014. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve requests for several topical compounded agents. The claims administrator referenced a RFA form received on May 1, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated May 14, 2015, the applicant reported multifocal complaints of knee, ankle, low back, and neck pain. The applicant was placed off of work, on total temporary disability while several topical compounded medications, 18 sessions of physical therapy, 18 sessions of manipulative therapy, unspecified amounts of acupuncture, a cane, lumbar support, and platelet-rich plasma injections were sought. The applicant's complete medication list was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

180gms Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% (apply a thin layer to affected area 3 times a day): Upheld

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

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

Decision rationale: No, the capsaicin-flurbiprofen-gabapentin containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the tertiary ingredient in the 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. The attending provider's progress note, furthermore, failed to outline or establish why what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounded agents were endorsed in favor of first-line oral pharmaceuticals here. Therefore, the request was not medically necessary.

180gms Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% (apply a thin layer to affected area 3 times a day for pain): Upheld

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

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

Decision rationale: Similarly, the request for a cyclobenzaprine-amitriptyline containing compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the primary ingredient in the compound, are 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. Therefore, the request was not medically necessary.