

Case Number:	CM15-0112284		
Date Assigned:	06/18/2015	Date of Injury:	01/30/2013
Decision Date:	07/22/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/10/2015

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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 30, 2013. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve several topical compounded medications. The claims administrator referenced a RFA form received on May 4, 2015 in its determination. The applicant's attorney subsequently appealed. On March 15, 2015, the applicant reported ongoing complaints of low back pain with ancillary complaints of neck pain, mid back pain, myofascial pain, and insomnia. 9/10 pain complaints were reported. Trigger point injections were performed in the clinic while tramadol, Naprosyn, Flexeril, Prilosec, and the topical compounds in question were endorsed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 1%, Gabapentin 15%, Amitriptyline 10% apply generously to affected area 3x/d: Upheld

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

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

Decision rationale: No, the request for a cyclobenzaprine-gabapentin-amitriptyline-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, 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. It is further noted that the attending provider's concomitant provision of prescriptions for first-line oral pharmaceuticals to include Naprosyn, tramadol, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems 'largely experimental' topical compounds such as the agent in question. Therefore, the request was not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% apply generously to affected area 3x/d: Upheld

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

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

Decision rationale: Similarly, the request for a capsaicin-flurbiprofen-gabapentin-containing topical compound was likewise 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. As with the preceding request, the applicant's usage of multiple first-line oral pharmaceuticals to include Naprosyn and tramadol effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the 'largely experimental' topical compounded agent in question. Therefore, the request was not medically necessary.