

Case Number:	CM15-0116628		
Date Assigned:	06/24/2015	Date of Injury:	01/27/2014
Decision Date:	07/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/16/2015

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 59-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of January 27, 2014. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve several topical compounded medications. An April 14, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a January 30, 2015 letter, the attending provider sought authorization for several topical compounded medications, including the agents at issue, without any supporting applicant-specific rationale, narrative commentary, or progress notes. Topical compounds and oral suspensions were again endorsed on various other dates, including on January 12, 2015, November 25, 2014, December 1, 2012, December 13, 2014, again seemingly without any supporting rationale or progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Capsaicin 0.025% Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: 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 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. It is further noted that the attending provider ordered many of the articles in question through preprinted letters and preprinted RFA forms, without any supporting applicant- specific rationale, narrative commentary, or progress notes. The attending provider did not, in short, outline what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds were endorsed in favor of first line oral pharmaceuticals. Therefore, the request was not medically necessary.

1 prescription Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: 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 cyclobenzaprine-flurbiprofen 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, 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.