

Case Number:	CM15-0129848		
Date Assigned:	07/16/2015	Date of Injury:	06/25/2008
Decision Date:	08/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/06/2015

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 41-year-old who has filed a claim for chronic neck and groin pain with derivative complaints of anxiety, depression, and weight loss reportedly associated with an industrial injury of June 25, 2008. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve requests for multiple topical compounded agents. The claims administrator referenced an appeal letter of June 4, 2015 and an associated progress note of May 19, 2015 in its determination. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck and low back pain. The applicant was using Norco, Voltaren, and Fiorinal, it was reported, all of which were seemingly refilled. The applicant was placed off of work. The applicant had undergone earlier failed cervical spine surgery, it was reported. The applicant did have a hernia, it was also noted. On an earlier note of May 19, 2015, the applicant was, once again, 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:

Ketoprofen 20%/Ketamine 10% gel 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a ketoprofen-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not FDA approved for topical application. Since the ketoprofen component of 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 applicant's ongoing usage of numerous first-line oral pharmaceuticals, to include Norco, Voltaren, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounded drugs such as the agent in question. Therefore, the request was not medically necessary.

Gabapentin 10%/ Cyclobenzaprine 10%/ Capsaicin 0.0375%: Upheld

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

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

Decision rationale: Similarly, the request for a 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 primary 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. Therefore, the request was not medically necessary.

Flurbiprofen 20% gel 120gm AAA 2-3 a day #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Similarly, the request for a flurbiprofen-containing gel was likewise not medically necessary, medically appropriate, or indicated here. One of the applicant's primary pain generators here was the cervical spine, as reported above. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is little evidence to utilize topical NSAIDs such as the topical flurbiprofen gel at issue for treatment of issues involving the spine, as were/are present here. The attending provider failed to furnish a compelling

applicant-specific rationale for selection of this particular agent in the face of the tepid-to-unfavorable MTUS position on the same. As with the other topical agents, the applicant's ongoing usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals such as Norco, Voltaren, etc., effectively obviate the need for the topical flurbiprofen agent in question. Therefore, the request was not medically necessary.