

Case Number:	CM15-0172910		
Date Assigned:	09/15/2015	Date of Injury:	11/01/2010
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/02/2015

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 November 1, 2010. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve request for several topical compounded agents. The claims administrator referenced a July 21, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. The claims administrator medical evidence file, however, suggested that sole progress note on file was dated December 16, 2014. On said December 16, 2014 progress note, the applicant reported multifocal complaints of neck and low back pain, 8/10. The applicant was placed off of work, on total temporary disability, while multiple topical compounded agents, dietary supplements, and oral suspensions were endorsed. Extracorporeal shockwave therapy was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound HMPC2 - Flurbiprofen 20% / Baclofen 10% / Dexamethasone Micro 0.2% / Hyalunoric Acid 0.2% in cream base, 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for a topical-compounded flurbiprofen-baclofen containing compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, i.e., the secondary ingredient in the compound, in question, is "not recommended" for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The limited information on file from the December 16, 2014 progress note provided did not state why the applicant could not employ what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first line oral pharmaceuticals in favor of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers "largely experimental" topical compounds such as the agent in question. Therefore, the request was not medically necessary.

Compound HNPC1 - Amitriptyline HCL 10% / Gabapentin 10% / Bupivacaine HCL 5% / Hyalunoric Acid 0.2% in cream base, 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Similarly, the request for an amitriptyline-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, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.