

Case Number:	CM15-0173732		
Date Assigned:	09/15/2015	Date of Injury:	04/18/2013
Decision Date:	10/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/03/2015

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] beneficiary who has filed a claim for chronic neck pain with derivative complaints of headaches reportedly associated with an industrial injury of April 18, 2013. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for a topical compounded agent. An RFA form received on June 9, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On said RFA form dated June 9, 2015, several topical compounds were endorsed. Attached was a highly templated letter. No clinical progress note was seemingly attached to the RFA form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .025%, Flurbiprofen 15%, Gabapentin 10%, Menth 2%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 capsaicin-flurbiprofen-gabapentin containing agent was 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 tertiary ingredient in the compound, is not recommended for topical compounded 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 attending provider's highly templated June 9, 2015 RFA form did not clearly state why what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the agent in question were endorsed in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals. Therefore, the request was not medically necessary.

Cyclobenzaprine 2%, Amitriptyline 10%, Gabapentin 180gr: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for a cyclobenzaprine-amitriptyline-gabapentin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that gabapentin, i.e., the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were 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.