

Case Number:	CM15-0174046		
Date Assigned:	09/15/2015	Date of Injury:	04/09/1998
Decision Date:	10/22/2015	UR Denial Date:	08/19/2015
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 64-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 9, 1998. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced a July 16, 2015 office visit and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant reported ongoing complaints of neck, shoulder, and low back pain. Work restrictions were endorsed. It was suggested that the applicant was in fact working with said limitations in place. The applicant acknowledged that oral Motrin was proving beneficial in ameliorating her pain complaints. The topical compounded agent in question was apparently prescribed and/or dispensed, nevertheless.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/gabapentin/lidocaine/Baclofen/Cyclobenzaprine, 10%/6%/6%/2%/2%:
 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: No, the request for a 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, 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. The applicant's concomitant usage of first-line oral pharmaceuticals to include ibuprofen, per progress note dated May 18, 2015, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compound at issue. Therefore, the request was not medically necessary.