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| Case Number: | CM15-0178754 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 07/06/2014 |
| Decision Date: | 10/29/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 6, 2004. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for several topical compounded agents. The claims administrator referenced an August 11, 2015 RFA form received on August 11, 2015 in its determination. The applicant's attorney subsequently appealed. On August 1, 2015, the applicant reported ongoing complaints of low back pain. Norco, Cyclobenzaprine, Lunesta, Nalfon, Neurontin, Prilosec, Tramadol, Gabapentin and topical compounded agents in question were endorsed while the applicant was kept 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:

Comp Topical; Flurbiprofen 15gm and 60gm, 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream: 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-menthol-camphor-capsaicin 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, there is "little evidence" to utilize topical NSAIDs such as Flurbiprofen, i.e., the primary ingredient in the compound, for the spine, hip, and/or shoulder pain. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a large, widespread region (a) not easily amenable to topical application and (b) for which there is "little evidence" to utilize topical NSAIDs, per page 112 of the MTUS Chronic Pain Medical Treatment Guideline. Since the Flurbiprofen component of the amalgam 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 numerous first line oral pharmaceuticals to include Norco, Nalfon, Neurontin, etc., moreover, obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers "largely experimental" topical compounded agent in the question. Therefore, the request was not medically necessary.

Cyclobenzaprine 15gm and 60gm/0%/Tramadol 10% topical cream: 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 a Cyclobenzaprine-Tramadol containing topical compounded cream 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, i.e., the primary ingredient in the compound, are 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 and is not medically necessary.