MAXIMUS Federal Services

Case Number:	CM15-0028118		
Date Assigned:	02/20/2015	Date of Injury:	09/10/2009
Decision Date:	04/02/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/13/2015

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 knee pain reportedly associated with an industrial injury of September 10, 2009. In a Utilization Review Report dated January 14, 2015, the claims administrator failed to approve request for several topical compounded agents. The claims administrator referenced an RFA form dated January 7, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten January 7, 2015 progress note, the applicant reported multifocal complaints of neck, knee, and bilateral upper extremity pain. The applicant was cervical spine surgery. The applicant's work status was not clearly outlined. Medication selection and medications were not clearly detailed. The applicant's medication list was not clearly detailed or clearly outlined in multiple progress notes of late 2014. The topical compounds at issue were apparently dispensed on September 10, 2014, along with bilateral knee braces. The applicant was 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:

1 Container of Inflammation Topical Compound (Lidocaine 6%, Gabapentin 10%, and Ketoprofen 10%) 180 Grams with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127.

Decision rationale: No, the lidocaine-gabapentin-ketoprofen 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 tertiary 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 is not medically necessary.

1 Container of Muscular Pain Topical Compound (Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, And Lidocaine 5%) 180 Grams with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127.

Decision rationale: Similarly, the flurbiprofen-cyclobenzaprine-baclofen-lidocaine 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, baclofen, the tertiary 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. The attending provider did not, it is further noted, outline why what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds were selected in favor of first-line oral pharmaceuticals. Therefore, the request is not medically necessary.