

Case Number:	CM15-0046351		
Date Assigned:	03/18/2015	Date of Injury:	09/28/2013
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/11/2015

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 knee pain reportedly associated with an industrial contusion injury of September 28, 2013. In a Utilization Review Report dated March 3, 2015, the claims administrator failed to approve a request for several topical compounded medications apparently prescribed and/or dispensed via an RFA form dated February 2, 2015. The applicant's attorney subsequently appealed. The topical compounded questions were apparently proposed via pharmacy bills dated January 27, 2015. No clinical progress notes were attached to the same. On October 21, 2014, the applicant transferred care to a new primary treating provider, who furnished the applicant with several topical compounded medications for chronic knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Capsaicin 0.025%, Panthenol 0.575%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Baclofen, Flurbiprofen 20% for date of service 01/15/2015: Upheld

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

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

Decision rationale: 1. No, topical capsaicin-panthenol-dexamethasone-menthol-camphor-baclofen-flurbiprofen compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, one of the ingredients in the compound, is not recommended for topical compounded formulation purposes. This resulted in the entire compounds carrying unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider failed to outline why first line oral pharmaceuticals could be employed here in favor of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deemed large experimental topical compounds such as the agent in question. Therefore, the request is not medically necessary.

Retrospective Panthenol 0.5%, Bupivacaine 5%, Gabapentin 10%, Amitriptyline 10% for date of service 01/15/2015: Upheld

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

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

Decision rationale: 2. Similarly, the panthenol-bupivacaine-gabapentin-amitriptyline 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, the tertiary ingredient in the compound, is not recommended for topical compounded 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. As with the preceding request, the attending provider did not clearly state why first line oral pharmaceuticals could not be employed in favor of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent at issue. Therefore, the request is not medically necessary.