

Case Number:	CM15-0063720		
Date Assigned:	04/09/2015	Date of Injury:	06/09/2013
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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 41-year-old [REDACTED] beneficiary who has filed a claim for chronic hand, wrist, and forearm pain reportedly associated with an industrial injury of January 9, 2013. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve a topical compounded medication. A March 2, 2015 progress note was referenced in its determination. The applicant's attorney subsequently appealed. On March 9, 2015, the applicant reported ongoing complaints of hand, wrist, and forearm pain. The applicant was reportedly using unspecified NSAIDs and gabapentin, it was acknowledged. The topical compounded cream in question was also endorsed. The applicant was given a 40-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 15%, Gabapentin 10%, Baclofen 2%, Cyclobenzaprine 2.5%, and Lidocaine 5% topical cream, unspecified quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the proposed ketoprofen-gabapentin-baclofen-cyclobenzaprine-lidocaine 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 primary ingredient in the compound in question, 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 applicant's ongoing usage of NSAIDs and adjuvant medications such as gabapentin, it is further noted, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.