

Case Number:	CM15-0068517		
Date Assigned:	04/16/2015	Date of Injury:	06/03/2013
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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 47-year-old who has filed a claim for chronic neck, shoulder, elbow, and low back pain reportedly associated with an industrial injury of June 3, 2013. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for several topical compounded medications. The claims administrator referenced a RFA form received on February 10, 2015, in its determination. The applicant's attorney subsequently appealed. On June 17, 2014, the applicant was placed off work, on total temporary disability owing to primary reported complaints of low back pain. The applicant was using Norco, Naprosyn, Prilosec and Soma, it was acknowledged. Several topical compounded medications were prescribed and/or dispensed while the applicant was kept off work. On February 13, 2014, the applicant presented with ongoing complaints of shoulder and neck pain. Norco was renewed while the applicant was kept off work, on total temporary disability. On December 11, 2014, the applicant was again placed off work, on total temporary disability while Norco, Soma, and Neurontin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Panthenol/Bupropian/Gabapentin/Amitriptyline, provided on January 23, 2015: Upheld

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

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

Decision rationale: The Panthenol-bupropion-gabapentin-amitriptyline 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, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are 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 first-line oral pharmaceuticals, including Norco, Soma, and Neurontin, furthermore, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deemed the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.

Flurbiprofen/Baclofen/Dexamethasone/Panthenol, provided on January 23, 2015: Upheld

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

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

Decision rationale: Similarly, the request for flurbiprofen-baclofen-dexamethasone 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 secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are 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 applicant's ongoing usage of the numerous first-line oral pharmaceuticals, including Norco, Neurontin, etc, 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.