

Case Number:	CM15-0068570		
Date Assigned:	04/16/2015	Date of Injury:	05/01/2011
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
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 55-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of May 1, 2011. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for several topical compounded medications. A February 6, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On September 11, 2014, the applicant apparently presented with complaints of mid and low back pain. Two separate topical compounded medications were prescribed and/or dispensed. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On February 6, 2015, a gabapentin-containing compound and a flurbiprofen-containing compound were both endorsed owing to ongoing complaints of mid and low back pain, 3-4/10. Radiation of pain to the left leg was reported. Work restrictions were again endorsed. Once again, it was not clearly established whether the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 10/08/2014; 02/16/2015) Panthenol powder 0.5% Dexamethasone powder 2% Baclofen powder 10% Flurbiprofen 20% 180gm: Upheld

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

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

Decision rationale: No, the panthenol-dexamethasone-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, 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 was not medically necessary.

Retrospective (DOS: 10/08/2014; 02/16/2015) Gabapentin powder/ Amitriptyline powder/ Bupivacaine Hydrochloride powder/ Panthenol powder 180gm: Upheld

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

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

Decision rationale: Similarly, the request for a gabapentin-amitriptyline-bupivacaine 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 primary 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. As with the preceding request, the attending provider did not outline why what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounded agents were endorsed in lieu of first-line oral pharmaceuticals. Therefore, the request was not medically necessary.