

Case Number:	CM15-0069730		
Date Assigned:	04/17/2015	Date of Injury:	02/07/2012
Decision Date:	05/19/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 7, 2012. In a Utilization Review report dated March 16, 2015, the claims administrator failed to approve a request for several topical compounded medications. The claims administrator referenced an order form of March 3, 2015, an RFA form of February 23, 2015, and a progress note of February 27, 2015 in its determination. The applicant's attorney subsequently appealed. On February 27, 2015, the applicant was placed off of work, on total temporary disability, owing to multiple complaints of low back and neck pain with ancillary complaints of dizziness. The applicant's medication list included Ultracet, Robaxin, Voltaren, and Tylenol No. 4. Epidural steroid injection therapy was endorsed for Tylenol No. 4 and the topical compounded medications in question were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi Pow/ Pentra/ Ethoxy #120 (DOS: 03/03/15): 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): 111-112.

Decision rationale: No, the flurbiprofen-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is "little evidence" to utilize topical NSAIDs for treatment of the spine, hip, and/or shoulder pain. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which there is little evidence to utilize topical NSAIDs such as flurbiprofen. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Tylenol No. 4, Ultracet, Robaxin, Voltaren, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" flurbiprofen-containing topical compound in question. Therefore, the request was not medically necessary.

Ketamine HCL POW/ Keto/ Pen/Etho #120 (DOS: 03/03/15): 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): 111-112.

Decision rationale: Similarly, the request for ketamine-ketoprofen topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the secondary 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.

Gaba Pow/ Cyclo Pow/ Caps/ Pentra/Eth #120 (DOS: 03/03/15): 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: Finally, the request for a gabapentin-cyclobenzaprine containing 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, 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. Therefore, the request was not medically necessary.