MAXIMUS Federal Services

Case Number:	CM15-0070062		
Date Assigned:	04/17/2015	Date of Injury:	07/20/2001
Decision Date:	05/20/2015	UR Denial Date:	04/06/2015
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 55-year-old who has filed a claim for chronic mid back, neck, and low back pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of July 20, 2001. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve a topical compounded cream. The claims administrator referenced a progress note dated March 31, 2015 and an associated RFA form of the same date in its determination. The claims administrator did, it is incidentally noted, approve a request for Percocet. The applicant's attorney subsequently appealed. On March 31, 2015, the topical compounded medication in question, Percocet and Pristiq were endorsed. The applicant was significantly depressed, it was acknowledged. The applicant was also using Ativan on a twice-daily basis. The applicant's permanent work restrictions were renewed. It did not appear, however, that the applicant was working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Pain Cream (KDGBCB) 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the request for a topical compounded ketamine-diclofenac-gabapentin-bupivacaine-cyclobenzaprine-baclofen 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. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Percocet 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 is not medically necessary.