

Case Number:	CM15-0092117		
Date Assigned:	05/18/2015	Date of Injury:	04/25/2014
Decision Date:	06/22/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/13/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 25, 2014. In a Utilization Review report dated April 27, 2015, the claims administrator denied several topical compounded medications. The claims administrator referenced an RFA form dated March 12, 2015 in its determination. The applicant's attorney subsequently appealed. On December 8, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of wrist, hand, neck, low back, and shoulder pain with derivative complaints of insomnia, anxiety, and depression, all of which reportedly attributed to harassment on the job. The applicant was placed off of work, on total temporary disability, while multiple consultations, electro diagnostic testing, and chiropractic manipulative therapy were endorsed. Medication selection and medication efficacy were not discussed or detailed. On April 20, 2015, the applicant was again placed off of work, on total temporary disability, owing to multifocal pain complaints with associated complaints of depression, anxiety, and insomnia. Once again, manipulative therapy was endorsed. Extracorporeal shock wave therapy was also sought. The applicant was kept off of work. Medication selection and medication efficacy were not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15 Percent/Amitriptyline 4 Percent/Dextromethorphan 10 Percent 180 Grams:
Upheld

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

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

Decision rationale: No, the gabapentin containing 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 primary ingredient in the compound in question, 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 attending provider's documentation of progress notes, furthermore, did not seemingly include much in the way of discussion insofar as medication selection and/or medication efficacy were concerned. No rationale for usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounded agents in favor of first-line oral pharmaceuticals was furnished. Therefore, the request was not medically necessary.

Cyclobenzaprine 2 Percent/Gabapentin 15 Percent/Amitriptyline 10 Percent 180 Grams:
Upheld

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

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

Decision rationale: Similarly, the request for a 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, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purpose. 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. Therefore, the request was not medically necessary.