

Case Number:	CM15-0098533		
Date Assigned:	05/29/2015	Date of Injury:	12/01/1990
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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 59-year-old who has filed a claim for chronic low back, ankle, and foot pain reportedly associated with an industrial injury of December 1, 1990. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for a topical compounded drug. A RFA form of April 21, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On October 20, 2014, the applicant reported ongoing complaints of chronic elbow, hands, and foot pain reportedly attributed to rheumatoid arthritis. The applicant's medications included prednisone, Axid, Celebrex, Vicodin, Advil, and Enbrel, several of which were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream-ketamine 10%-gabapentin 6%diclofenac 3% baclofen 2% cyclobenzaprine 2%- bupivacaine 1% 240 grams with refills for one year: 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 topical compounded ketamine-gabapentin-diclofenac containing 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 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. It is further noted that the applicant's ongoing usage of Celebrex, Vicodin, and other first-line oral pharmaceuticals effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the agent in question. Therefore, the request was not medically necessary.