

Case Number:	CM14-0155904		
Date Assigned:	09/25/2014	Date of Injury:	07/06/2007
Decision Date:	11/06/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 knee, back, leg, hand, hip, and wrist pain reportedly associated with an industrial injury of July 6, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; and topical compounds. In a Utilization Review Report dated August 21, 2014, the claims administrator denied a request for a topical compounded drug. The applicant's attorney subsequently appealed, on September 22, 2014. In a progress note dated November 11, 2013, the applicant was using Butrans, Wellbutrin, and Vicodin owing to ongoing complaints of low back, knee, hip, and wrist pain, collectively rated at 9/10. In a subsequent note dated May 5, 2014, the applicant was given refills of Norco and Wellbutrin owing to ongoing complaints of low back and knee pain, reportedly severe. MRI imaging of the hip was sought. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. A topical compounded drug was later endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabpentin 6%, Tetracaine 2% 3 gm:
Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin and Baclofen, two of the ingredients in the compound in question, are 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. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Wellbutrin, etc., effectively obviates for the need for the largely experimental topical compound at issue. Therefore, the request is not medically necessary.