

Case Number:	CM13-0006681		
Date Assigned:	03/07/2014	Date of Injury:	10/12/2009
Decision Date:	05/12/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/05/2013

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 low back pain reportedly associated with an industrial injury of October 12, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; blood pressure lowering medications; and topical compounds. In a Utilization Review Report of July 31, 2013, the claims administrator denied a request for topical compounded drug. The applicant's attorney subsequently appealed. In a medical legal evaluation of February 3, 2014, the applicant's medication list was not discussed. In another medical legal evaluation of August 2, 2012, the applicant was described as not working. In an appeal letter dated August 1, 2013, the attending provider states that the applicant should be provided with limited supply of therapeutic cream so as to reduce the need for oral medications. The attending provider again does not detail the applicant's medication list on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDS: KETOPROFEN 10%, LIDOCAINE 10%, BACLOFEN 10% (DOS: 2/13/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen nor baclofen is recommended for topical compound formulation purposes. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider has not made a compelling argument as to why first line oral pharmaceuticals cannot be employed here, as suggested in ACOEM Chapter 3, page 47. Accordingly, the request is not certified, for all of stated reasons.