MAXIMUS Federal Services

Case Number:	CM13-0018974		
Date Assigned:	01/03/2014	Date of Injury:	05/28/2013
Decision Date:	03/19/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

An earlier note of July 26, 2013 is notable for comments that the applicant was issued prescriptions for oral Naprosyn as well as several topical compounded agents. It is stated that the applicant's employer was unable to accommodate his limitations. Thus, the applicant was placed off work, on total temporary disability. A TENS unit, hot and cold wrap, and combination of electrical stimulation units were prescribed. The applicant's diagnoses included neck pain, low back pain, elbow pain, muscle spasms, anxiety, depression, insomnia, and spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cycloketorub 3% / 10% UCream, Flur 20% / MidULTCRM, Gabaketo-L 6% / 20% / 6.15% ULTCREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: The Physician Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of the topical compounded agents in question. The applicant was described as using oral Naprosyn without any report of difficulty, impediment, and/or impairment. It is further noted that the applicant's successful usage of Naprosyn effectively obviates the need for the topical compounds in question which are, per ACOEM Table 3-1 "not recommended." Since this was not a chronic pain case as of date of the Utilization Review Report, August 22, 2013, the MTUS Guideline in ACOEM Chapter 3 is invoked preferentially over the MTUS Chronic pain Medical Treatment Guidelines