

Case Number:	CM13-0019352		
Date Assigned:	10/11/2013	Date of Injury:	03/24/2011
Decision Date:	01/22/2014	UR Denial Date:	08/13/2013
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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; a cane; topical compounds; transfer of care to and from various providers in various specialties; a TENS unit; one epidural steroid injection; an 11% whole person impairment rating through a qualified medical evaluation; and the apparent imposition of permanent work restrictions. The applicant has now returned to work with sad permanent limitations in place. In a Utilization Review Report of August 13, 2013, the claims administrator denied a request for various topical compounds. The applicant's attorney later appealed. In a progress note of May 15, 2013, the applicant is described as using oral Norco, soma, tramadol, and Restoril in conjunction with a medical food, a TENS unit, and several topical compounds. A later note of May 20, 2013 is handwritten, difficult to follow, not entirely legible, and notable for comments that the applicant remains off of work as of that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto-flex: Upheld

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

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

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen or Flexeril is recommended for topical compound use purposes. This result in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

Flurbiprofen 20: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant is using several oral analgesic, including Norco, tramadol, etc., without any reported impediment, impairment, etc., effectively obviating the need for topical compounds such as the flurbiprofen containing compound proposed here, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is likewise non-certified.