MAXIMUS Federal Services

Case Number:	CM13-0020561		
Date Assigned:	10/11/2013	Date of Injury:	11/12/2002
Decision Date:	01/09/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/05/2013

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 wrist pain, carpal tunnel syndrome, hand and wrist arthritis, shoulder pain, neck pain, and elbow pain reportedly associated with an industrial injury of November 12, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; transfer of care to and from various providers in various specialties; prior triangular fibrocartilage repair surgery; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of August 6, 2013, the claims administrator denied a request for a topical compound. The applicant's attorney subsequently appealed. An earlier note of July 23, 2013 is notable for ongoing complaints of neck pain radiating to bilateral arms. The applicant is asked to obtain electrodiagnostic testing of bilateral upper extremities and functional capacity evaluation. The applicant has not returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Keto/Lido/Baclo 10/10/10% 180gm between 06/06/13 and 06/06/13: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states, neither ketoprofen or baclofen are recommended for topical compound use purposes, resulting in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the MTUS Chronic Pain Medical Treatment Guidelines deems topical analgesics, as a class "largely experimental." The retrospective request for Keto/Lido/Baclo 10/10/10 percent, 180gm between 06/06/2013 and 06/06/2013 are not medically necessary and appropriate.