

Case Number:	CM13-0021573		
Date Assigned:	04/25/2014	Date of Injury:	12/11/2008
Decision Date:	06/10/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/09/2013

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 has filed a claim for chronic low back pain, chronic knee pain, and psychological stress reportedly associated with an industrial injury of December 11, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier right knee arthroscopy in 2009; a cane; antidepressants; and topical compounds. In a medical-legal evaluation dated April 23, 2013, the applicant was described as a qualified injured worker, pending a total knee arthroplasty. The applicant was not working at that point. A handwritten medical progress note of May 1, 2013 was again notable for comments that the applicant was not working. The applicant was using Norco, Paxil, and several topical compounded drugs. Zofran was apparently prescribed for postoperative purposes while the applicant was again kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20%/LIDO 5%/MENTHO 5%/CAMP 1%, 30 GRAMS, QUANTITY 1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

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's reportedly successful usage of first-line oral Norco effectively obviates the need for the flurbiprofen-containing topical compound which is deemed, as a class, largely experimental, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

TRAMADOL 15%/DEXTRO10%/CAP 0.025%, 30 GRAMS, QUANTITY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin, one of the ingredients in the compound, is considered a last-line agent, to be employed only in those individuals who are proven intolerant to and/or have failed other treatments. In this case, however, as with the other request, the applicant's seemingly successful usage of oral Norco effectively obviates the need for the topical compounded drug for the capsaicin-containing compound proposed here. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

TRAMADOL 15%/DEXTRO10%/CAP 0.025%, 100 GRAMS, QUANTITY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin, one of the ingredients in the compound, is considered a last-line agent, to be employed only in those individuals who are proven intolerant to and/or have failed other treatments. In this case, however, as with the other request, the applicant's seemingly successful usage of oral Norco effectively obviates the need for the topical compounded drug for the capsaicin-containing compound proposed here. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

FLURBIPROFEN 20%/LIDO 5%/MENTHO 5%/CAMP 1%, 100 GRAMS, QUANTITY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

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's reportedly successful usage of first-line oral Norco effectively obviates the need for the flurbiprofen-containing topical compound which is deemed, as a class, largely experimental, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.