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| Case Number: | CM13-0021949 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 03/16/2010 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 08/16/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

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 shoulder and neck pain reportedly associated with an industrial injury of March 16, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; prior right shoulder surgery; unspecified amounts of physical therapy; and extensive periods of time off of work. In a utilization review report of August 16, 2013, the claims administrator denied a request for topical compounds. The applicant's attorney later appealed. A note of October 22, 2013 is notable for comments that the applicant is off of work. His shoulder is unchanged. He is asked to continue current medications and pursue epidural steroid injections. The applicant's work restrictions are apparently not accommodated by the employer. An earlier note of August 15, 2013 is again notable for comments that the applicant is off of work, on total temporary disability. Multiple handwritten prescriptions for topical compounds were interspersed throughout the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication: Flurbiprofen powder 20gm (20%), Lidocaine 5%, Menthol Crystals 5%, Camphor Crystals 1% mixed with Lipoderm base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, oral pharmaceuticals are the 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 topical analgesics or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." It is further noted that the applicant has failed to effect any lasting benefit or functional improvement through prior usage of the topical compound in question. The fact that the applicant remains off of work, on total temporary disability, despite usage of the topical compound in question implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified.

Compounded medication: Tramadol 15%, Dextromethorphan 10%, and Capsaicin 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: As with the other topical compounds, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems topical analgesics, as a class "largely experimental." In this case, as with the other topical compound, the applicant has used this agent for sometime and failed to effect at lasting benefit or functional improvement through prior usage of the same. The fact that the applicant remains off of work, on total temporary disability, implies a lack of functional improvement as defined in MTUS 9792.20f. For all of these reasons, then, the request is likewise non-certified.