MAXIMUS Federal Services

Case Number:	CM13-0022304		
Date Assigned:	10/11/2013	Date of Injury:	09/09/2012
Decision Date:	01/15/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/10/2013

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 hand joint pain reportedly associated with an industrial contusion injury of September 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; and reported return to regular work. In a utilization review report of August 22, 2013, the claims administrator denied a request for several topical compounds. The applicant's attorney subsequently appealed. A later note of August 29, 2013 is notable for comments that the applicant sustained significant crush/contusion injuries. He is still able to get his job done despite ongoing difficulties and range of motion deficits about the left hand. Additional physical therapy is sought. Various topical compounds are endorsed. This note is almost identical as compared to the July 18, 2013 note, which is again notable for comments that the applicant should employ various topical pain creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for Cyclobenzaprine 10% 120mg cream: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine or Flexeril are not 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 entire compound is not certified

The requested treatment for Flurbiprofen 20% 150mg cream: Upheld

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

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

Decision rationale: In this case, not all of the ingredients in the compound have been named. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topic analgesics, as a class, are considered largely experimental. In this case, there is no evidence of intolerance to and/or failure of first line oral pharmaceuticals so as to make a case for topical agents or topical compounds such as the proposed flurbiprofen-containing cream. Therefore, the request is non-certified.

The requested treatment for Gabapentin 10% 120gm cream: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is not recommended for topical compound purposes. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, this compound is not certified.

The requested treatment for Tramadol 20% gm cream: Upheld

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

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

Decision rationale: Again, not all of the ingredients in the compound have been clearly stated. Topical analgesics, as a class, are considered largely experimental, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, there is no evidence of intolerance to

and/or failure of first line oral pharmaceuticals so as to make a case for the tramadol-containing compound. Accordingly, the request remains non-certified, on independent medical review.