

Case Number:	CM13-0023653		
Date Assigned:	11/15/2013	Date of Injury:	09/20/2012
Decision Date:	01/14/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/12/2013

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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury on September 10, 2012. Thus far, the applicant has been treated with the following: analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; a largely unremarkable shoulder MRI; normal electrodiagnostic testing of the right upper extremity and cervical spine on November 15, 2012; and extensive periods of time off from work. In a utilization review report dated August 27, 2013, the claims administrator denied a request for a topical compound. This decision was subsequently appealed on September 9, 2013. A progress note from June 11, 2013 makes references to earlier progress notes, including one dated November 15, 2012, in which the applicant is described as being off of work and using Tylenol on a p.r.n. basis. The applicant is reported to have allergies to NSAIDs such as ibuprofen and aspirin. On March 1, 2013, it is suggested that the applicant is postpartum and can use over-the-counter Tylenol for pain relief. On July 23, 2010, it is stated that the applicant is using cyclobenzaprine or Flexeril for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective pharmacy purchase of C-Ketoprofen10%/ Lidocaine10%/ Baclofen10% 180ml, DOS 06/05/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, multiple ingredients in this particular compound carry unfavorable recommendations. Neither ketoprofen nor baclofen is recommended for topical compound use purposes. This results 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. It is incidentally further noted that topical analgesics, as a class, are considered "largely experimental," and the applicant is seemingly using multiple first line oral pharmaceuticals without any apparent difficulty, impediment, and/or impairment. For all of these reasons, then, the original utilization review decision is upheld.