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| Case Number: | CM13-0026954 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 01/18/2010 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 09/06/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

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 low back pain, shoulder pain, neck pain, and carpal tunnel syndrome, reportedly associated with an industrial injury of January 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; prior left shoulder rotator cuff repair surgery; adjuvant medications; muscle relaxants; proton pump inhibitors; and extensive periods of time off of work. In Utilization Review Report of September 6, 2013, the claims administrator denied a request for a topical compounded agent. The applicant's attorney later appealed. An earlier progress note on September 5, 2013 is notable for comments that the applicant is using numerous first line oral pharmaceuticals, including Norco and Soma for pain. Prilosec is being endorsed for gastritis on this date. An earlier progress note on August 8, 2013 is notable for comments that the applicant is using Percocet, Norco and soma for pain relief proposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Capflex Topical Cream #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 Topical Analgesics Page(s): 111-113.

Decision rationale: The cream appears to be an amalgam of topical Capsaicin and topical Flexeril. As noted on Page 113 of the MTUS Chronic Pain Guidelines, however, muscle relaxants are not recommended for compound use purposes. Similarly, page 112 of the MTUS Chronic Pain Guidelines suggests that capsaicin is recommended only in those individuals who are intolerant to and/or have not responded to other treatments. In this case, however, the applicant is responding favorably to first line oral pharmaceuticals including Norco, Percocet, Soma etc. Since multiple ingredients in the topical compound carry unfavorable recommendations here, the entire compound is considered to carry an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Guidelines. Accordingly, the request for retro Capflex topical cream #1 is not medically necessary and appropriate.