MAXIMUS Federal Services

Case Number:	CM13-0031524		
Date Assigned:	12/04/2013	Date of Injury:	06/18/2001
Decision Date:	01/30/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/03/2013

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 back and arm pain reportedly associated with an industrial injury of June 18, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the right ankle on November 30, 2012, notable for plantar fasciitis and peroneus tendon tenosynovitis; prior right shoulder surgery; transfer of care to and from various providers in various specialties; topical compounds; and the apparent imposition of permanent work restrictions which have resulted in the applicant's removal from the workplace. In a utilization review report of September 12, 2013, the claims administrator denied a request for several topical compounded creams. The applicant's attorney later appealed, on September 23, 2013. An earlier clinical progress note of June 29, 2013 is notable for comments that the applicant is using Butrans patches and Naprosyn for pain relief. She is using Prilosec and Zofran for opioid and/or NSAID-induced nausea and dyspepsia, it is suggested. No other recent progress notes are provided. The bulk of the progress notes on file stem from 2009 and 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective AM-DM-TR-TD 04/20/10% for DOS 09/06/2011: 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 Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The ingredients in this compound have not been clearly stated and/or clearly specified. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds are deemed "largely experimental," to be employed in cases of neuropathic pain in individuals in whom trials of antidepressants and/or anticonvulsants have failed. In this case, however, there is no clear evidence of neuropathic pain, nor is there evidence that the applicant has tried or failed antidepressants and/or anticonvulsants. It is further noted that the MTUS-adopted ACOEM Guidelines in Chapter 3 deem oral pharmaceuticals a first-line palliative method. In this case, the applicant is using both oral Naprosyn and transdermal Butrans, effectively obviating the need for the proposed topical compound. Therefore, the request remains non-certified, on independent medical review.

Capflex-MC-Mild_C Cream 120gm for DOS 12/29/2011: 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 Capsaicin Topical Page(s): 28.

Decision rationale: The ingredients in this particular cream have not been clearly stated. This appears to represent a capsaicin-containing cream. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is recommended only as a last-line option in those applicants who have not responded to and/or are intolerant of other treatments. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of oral pharmaceuticals so as to make a case for the capsaicin-containing topical compound. Therefore, the request remains non-certified, on independent medical review.

Flurb-D 20/10% for DOS 09/06/2011: 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 Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As with many of the other topical compounds, the ingredients in this particular agent have not been clearly stated. Again, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems topical analgesics and topical compounds "largely experimental." In this case, as noted previously, the applicant is using oral Naprosyn and transdermal Butrans without any marked difficulty or impediment. It is further noted that the applicant has failed to effect any lasting benefit or functional improvement through prior usage of the largely experimental flurbiprofen-containing compound. The fact that the applicant's work

status and work restrictions are unchanged from visit to visit imply a lack of functional improvement as defined in MTUS 9792.20(f).

Flurb 10 Cream 70gm for DOS 12/29/1200: 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 Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds are largely experimental. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to make a case for usage of topical agents and/or topical compounds such as flurbiprofen. Finally, the applicant does not appear to have effected any lasting benefit or functional improvement through prior usage of the same. Therefore, the request remains non-certified, on independent medical review.

AMIT-2 Cream 70mg for DOS 12/29/09-02/05/2010: 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 Page(s): 111.

Decision rationale: As with the many other multiple topical compounds, the applicant has not effected any lasting benefit or functional improvement through usage of this largely experimental agent. The fact that the applicant remains off work and has unchanged work restrictions from visit to visit implies a lack of functional improvement with ongoing topical compound usage. Therefore, the request remains non-certified, on independent medical review.

Keto 20 Cream 70gm for DOS 04/01/2019-06/29/2009:

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): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical formulation purposes, resulting in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes that any compounded product containing an

agent that is not recommended is likewise not recommended. Therefore, the request remains non-certified.

aba-AC 10/2/2% Cream 70mg for DOS 05/01/2009 - 06/29/22009: 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 Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: Again, as with many of the other compounds being proposed here, the ingredients in this agent have not been clearly stated. There is no clear evidence of first-line oral pharmaceutical failure so as to make a case for usage of largely experimental topical compounds such as this one. It is further noted that, as with the other topical compounds, the applicant's failure to return to any form of work and failure to diminish reliance on medical treatment argue against any functional improvement as defined in MTUS 9792.20(f). Therefore, the request is likewise not certified.