MAXIMUS Federal Services

Case Number:	CM13-0033447		
Date Assigned:	12/06/2013	Date of Injury:	04/25/2011
Decision Date:	05/02/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/09/2013

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 neck pain reportedly associated with an industrial injury of April 25, 2011. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; topical compounds; prior cervical spine surgery; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 25, 2013, the claims administrator denied a request for topical compounded agents. The applicant's attorney subsequently appealed. A clinical progress note of October 2, 2013 is notable for comments that the applicant remains off of work, on total temporary disability. The applicant reports persistent neck, bilateral shoulders, bilateral elbow, and neck pain. It is noted that the applicant is status post C5 through C7 anterior cervical discectomy and fusion and in fact may be a candidate for further surgery. The applicant's medication list is not detailed or described on this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURCYCLO/CAPS/LID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

Decision rationale: One of the ingredients in the compound here is cyclobenzaprine, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. The unfavorable recommendation on the cyclobenzaprine ingredient in the compound results in the entire compound's carrying an unfavorable recommendation, according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request remains not certified, on Independent Medical Review.

KETO/LIDO/CAP/ULTRAM #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound formulation purposes. The unfavorable recommendation on the ketoprofen ingredient results in the entire compound's carrying an unfavorable recommendation, according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not certified, on Independent Medical Review.