

Case Number:	CM13-0033720		
Date Assigned:	12/06/2013	Date of Injury:	09/23/2011
Decision Date:	01/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/10/2013

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 has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of September 23, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; prior left shoulder surgery; prior shoulder corticosteroid injection; and apparent return to some form of work, per medical-legal evaluation of August 29, 2012. An earlier progress note of August 2, 2012 is notable for comments that the applicant has been using oral hydrocodone for pain relief as of that point in time. A February 2, 2012, utilization review report suggests that the applicant is using Naprosyn, Zofran, Prilosec, Norco, and Levaquin. A handwritten progress note of September 7, 2013 is difficult to follow and seemingly notable for comments that the applicant is using Motrin for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

The compounded drug Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine provided on 8/28/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not 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.

The compounded drug Ketoprofen/Lidocaine/Capsaicin/Tramadol provided on 8/28/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As with the other topical compounds, one of the ingredients in the compound, ketoprofen is not recommended for compound formulation purposes, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, it is further noted that the applicant is described on multiple occasions referenced above, throughout the life of the claim, as using and tolerating first-line oral pharmaceuticals, effectively obviating the need for largely experimental topical agents. Therefore, the request is not certified.