

Case Number:	CM13-0035427		
Date Assigned:	02/03/2014	Date of Injury:	07/15/2012
Decision Date:	05/02/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 and low back pain reportedly associated with an industrial injury of July 15, 2012. In a Utilization Review Report of September 19, 2013, the claims administrator denied a request for several topical compounded prescriptions. The applicant's attorney subsequently appealed. In a November 5, 2013 progress note, the applicant is described as having ongoing issues with shoulder pain, elbow pain, neck pain, and low back pain. The applicant is described as off of work. A functional capacity evaluation is sought to quantify the applicant's limitations. The applicant is given permanent impairment ratings for multiple body parts. Naprosyn, Flexeril, Prilosec, Terocin, and other topical compounds are endorsed. In an earlier note of September 5, 2013, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 2%/CAPSAICIN 0.0125%/LIDOCAINE 2%/KETOPROFEN 10% CREAM 120GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen nor cyclobenzaprine is recommended for topical compound formulation 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, on Independent Medical Review.

KETOPROFEN 15%/LIDOCAINE 1%/CAPSAICIN 0.12%/TRAMADOL 5% SPRAY 120GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's seemingly successful usage of several first-line oral pharmaceuticals, including Naprosyn, Flexeril, tramadol, etc. effectively obviates the need for the largely experimental topical agent in question. It is further noted that the ketoprofen ingredient in the compound carries an unfavorable recommendation for topical compound formulation purposes, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, resulting in the entire compound's carrying an unfavorable rating, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, for all the stated reasons.