

<b>Case Number:</b>	CM13-0040398		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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, mid back pain, and posttraumatic headaches reportedly associated with cumulative trauma at work first claimed on June 26, 2013. Thus far, the applicant has been treated with the following: analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; attorney representation; an ergonomic evaluation; unspecified amounts of physical therapy; and work restriction. It is unclear whether the applicant's limitations have been accommodated by the employer or not. In a Utilization Review (UR) Report of September 12, 2013, the claims administrator denied a request for topical compounds, citing the MTUS chronic pain medical treatment guidelines, although this did not appear to have been a chronic pain case as of the date of the UR report. The applicant's attorney subsequently appealed. In a September 18, 2013 progress note, the applicant presented with headaches, neck pain, and low back pain reportedly associated with a July 29, 2013 injury. The applicant was then on Lexapro, hydrocodone, Desyrel, Prilosec, and Motrin. Electrodiagnostic testing was performed which was apparently consistent with a left-sided C5-C6 radiculopathy. Topical compounds were later endorsed on a July 29, 2013 prescription, at which point the applicant was asked to return to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin/menthlevocrystal/camporcrystal/Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date of the Utilization Review Report, June 26, 2013. As noted in the MTUS-adopted ACOEM Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, there was no evidence of intolerance to and/or failure of first-line oral pharmaceutical so as to justify usage of topical agents or topical compounds such as the agent proposed here which are, per ACOEM table 3-1 "not recommended." It is further noted that the applicant was described as using numerous first-line oral pharmaceuticals without any reported difficulty, impediment, and/or impairment, including Motrin, trazodone, hydrocodone, etc. Therefore, the proposed topical compound is not certified.

**flurbiprofen/Diclofenac (duration and frequency unknown) dispensed on 07/29/2013 for back and head symptoms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** As with the other topical compound, the MTUS Guideline in ACOEM chapter deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, the applicant was described as successfully using several first-line oral pharmaceuticals, including Motrin, Lexapro, hydrocodone, etc., effectively obviating the need for topical compounds such as the agent proposed here which are, per, ACOEM Table 3-1 "not recommended." Therefore, the request remains non-certified, on Independent Medical Review.