

Case Number:	CM13-0045864		
Date Assigned:	03/12/2014	Date of Injury:	03/26/2011
Decision Date:	05/08/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of March 26, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; and transfer of care to and from various providers in various specialties. In a utilization review report of October 11, 2013, the claims administrator denied a request for topical compound, while approving Naprosyn, Prilosec, and Norco. The applicant's attorney subsequently appealed. A clinical progress note of November 25, 2013 is notable for comments that the applicant is working as a firefighter. The applicant is receiving ongoing massage therapy. The applicant is on Norco, Naprosyn, Prilosec, Terocin, and Zanaflex; it is stated, in addition to the topical compounds in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 CAPS 0.05% + CYCLO 4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are specifically not recommended for topical compound formulation purposes. The unfavorable recommendation on cyclobenzaprine results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's successful usage of several first-line oral pharmaceuticals, including Naprosyn, Norco, Zanaflex, etc., further obviates the need for the largely experimental topical compound. Accordingly, the request is not certified, on independent medical review.