

Case Number:	CM13-0046432		
Date Assigned:	12/27/2013	Date of Injury:	09/15/2011
Decision Date:	02/27/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine, Rehabilitation, and Pain Management has a subspecialty in Interventional Spine 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 patient is a 53 Years Old male with date of injury 09/15/11. Utilization review dated 10/10/13 refers to progress report from 10/04/13 by [REDACTED], but this report is missing in the file provided for this review. AME (Agreed Medical Evaluation) from 03/19/13 by D [REDACTED] documents patient with a diagnoses of chronic right shoulder, bilateral wrist, bilateral Achilles strain and partial tear Achilles, secondary to trauma sustained continuously. The patient is status post partial Achilles repair (2005) and status post right Achilles repair (2011). In this same report, the patient complains of intermittent midline and left and right paraspinous discomfort with a rate of 6-7/10. He also reports pain radiating down both arms and some numbness and tingling on both upper extremities. The patient also reports soreness on both shoulder joints and constant stabbing pain in the left perscapular region on the thoracic spine. His wrists presents with intermittent discomfort triggered by gripping/grasping. He is also reporting pain in the lumbosacral spine, left knee, right ankle and left ankle. Upon physical examination by [REDACTED], discomfort with deep palpation was noted in the paraspinous region on the right without spasm. The treater is requesting compound Flur/Cyclo/Cap 120ml, compound keto/Lido/Cap/Tram 60 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flur/Cyclo/Caps/Lid 120ml Dos 10/4/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, Compounded Medications and ODG, pain chapter .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines based his/her decision on Chronic Pain Medical Treatment Guidelines and Acupuncture Medical Trea.

Decision rationale: This patient presents with a long history of right shoulder, bilateral wrist, Achilles pains. The treater's requesting progress report was not made available for review. However, the request for combination topical cream. MTUS guidelines p111 states "Topical Analgesics are largely experiments in use with few randomized controlled trials to determine efficacy or safety." MTUS further states that any compounded products that contains at least one drug that is not recommended is not recommended. The compound Flur/Cyclo/Cap contains cyclobenzaprine which is a muscle relaxant. MTUS does not support muscle relaxant as a topical product. Therefore, the Decision for Compound: Flur/Cyclo/Caps/Lid 120ml Dos 10/4/13 is not medically necessary and appropriate.

Compound: Keto/Lido/Cap/Tram 60ml Dos 10/4/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Compounded Medications and ODG, pain chapter .

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

Decision rationale: This patient presents with a long history of right shoulder, bilateral wrist, Achilles pains. The treater's requesting progress report was not made available for review. However, the request for combination topical cream. MTUS guidelines p111 states "Topical Analgesics are largely experiments in use with few randomized controlled trials to determine efficacy or safety." MTUS further states that any compounded products that contains at least one drug that is not recommended is not recommended. The compound Keto/Lido/Caps/Tramadol contains Lidocain which is allowed in a patch form and not in gel, cream or lotion. Tramadol is also not recommended as a topical compound per MTUS. Therefore, Decision for Compound: Keto/Lido/Cap/Tram 60ml Dos 10/4/13 is not medically necessary and appropriate.