

Case Number:	CM13-0047568		
Date Assigned:	12/27/2013	Date of Injury:	04/19/2012
Decision Date:	02/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 23-year-old female who reported a work related injury on 04/19/2012, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, thoracic sprain, cervical sprain, brachial neuritis or radiculitis, disturbance of skin sensation, pain in joint involving forearm, pain in joint involving hand, myalgia and myositis, unspecified, anxiety state, unspecified sleep disturbance, lumbar sprain, second MCP joint UCL partial tear, extensive digitorum focal tendonitis for the 2nd finger, and mild subcutaneous edema in the distal 2nd digit. Clinical note dated 08/12/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with continued cervical spine and right wrist pain complaints. The provider reported the patient states her medications offered temporary relief of pain and improved her ability to have a restful sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compounded Ketoprofen / compounded Cyclophene / Synapryn / Tabradol / Deprizine / Dicapanol / Fanatrex: Upheld

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

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

Decision rationale: The current request is not supported. Clinical notes evidence the patient was rendered compounded topical analgesic which contained multiple components that are not supported via guidelines. California MTUS indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Cyclophene and Tabradol are not supported as muscle relaxants are not recommended for topical application, Fanatrex which contains gabapentin is not recommended for topical analgesic via California MTUS. Given all the above, the request for Retrospective compounded Ketoprofen / compounded Cyclophene / Synapryn / Tabradol / Deprizine / Dicapanol / Fanatrex for DOS 8/12/2013 is not medically necessary or appropriate.