

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0049387 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/20/2007 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

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 represented [REDACTED] employee who has filed a claim for chronic neck, low back, hip, and pelvic pain reportedly associated with an industrial injury of September 20, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of July 2, 2012, and notable for extruded disk fragments at L4-L5 and L5-S1 generating associated neural foraminal stenosis; muscle relaxants; unspecified amounts of physical therapy; attorney representation; topical compounds; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 9, 2013, the claims administrator denied a request for multiple topical compounds. The applicant's attorney subsequently appealed. An earlier note of October 30, 2013 is notable for comments that the applicant has not had any prior neurosurgery. Epidural steroid injection therapy is endorsed for reported diagnosis of lumbar radiculopathy. The applicant last worked in September 2007, it is stated. An earlier note of July 22, 2013 is notable for comments that the applicant is reportedly "still disabled." The applicant is asked to continue oral Restoril, Motrin, and Flexeril. He is severely depressed, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen powder 2%, Cyclobenzaprine HCL powder 2%, Flurbiprofen powder 15%, Lidocaine powder 5%, Hyaluronic acid sod salt powder 0.2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122-123.

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

Decision rationale: Several ingredients in the topical compound here carry unfavorable recommendations. For example, neither baclofen nor cyclobenzaprine are recommended for topical compound formulation proposes, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. This resulted in the entire compound's carrying an unfavorable recommendation, per page 111 of MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

Flurbiprofen powder 19.1632%, Ultraderm base cream 75.8544%, Lidocaine powder 4.7908% and Hyaluronic acid sod salt powder 0.1916%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122-123.

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

Decision rationale: Several ingredients in the topical compound here carry unfavorable recommendations. For example, neither baclofen nor cyclobenzaprine are recommended for topical compound formulation proposes, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. This resulted in the entire compound's carrying an unfavorable recommendation, per page 111 of MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.