MAXIMUS Federal Services

Case Number:	CM13-0049571		
Date Assigned:	12/27/2013	Date of Injury:	03/12/2011
Decision Date:	05/06/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/08/2013

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 a represented [redacted] employee who has filed a claim for chronic shoulder, low back, and neck pain reportedly associated with an industrial injury of March 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 18, 2013, the claims administrator denied request for multiple topical compounds. The applicant's attorney subsequently appealed. In a June 14, 2013 progress note, the applicant was described as having chronic shoulder pain, highly variable, 1-2/10. The applicant was described as using an oral pharmaceutical, including Daypro and omeprazole, reportedly owing to NSAID-induced dyspepsia. Several topical compounds were endorsed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN-CYCLOBENZAPRINE-GABAPENTIN-KETOPROFEN TOPICAL COMPOUND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tropical Analgesics, Topical Salicylate Page(s): 105 & 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tropical Analgesics Page(s): 47.

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, several ingredients in the proposed compound, including Cyclobenzaprine, Gabapentin, and Ketoprofen are specifically not recommended for topical compound formulation purposes. Since several ingredients in the compound carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

FLURBIPROFEN-PLO GEL DURATION AND FREQUENCY UNKNOWN FOR THE LUMBAR SPINE, CERVICAL SPINE, AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tropical Analgesics,Topical Salicylate Page(s): 105 & 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Tropical Analgesics Page(s): 47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's seemingly successful usage of first-line oral pharmaceutical, Daypro, effectively obviates the need for topical compounds such as a Flurbiprofen containing agent here which has been deemed, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is further noted that the applicant has used this and other topical compounds for sometime and has failed to effect any lasting benefit or functional improvement through prior usage of the same. The applicant does remain off of work, on total temporary disability, which implies lack of functional improvement despite prior usage of the compound in question. Therefore, the request is not certified, on Independent Medical Review.