

Case Number:	CM13-0053048		
Date Assigned:	12/30/2013	Date of Injury:	06/17/2011
Decision Date:	05/15/2014	UR Denial Date:	10/14/2011
Priority:	Standard	Application Received:	10/23/2013

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 neck, shoulder, and wrist pain reportedly associated with an industrial injury of June 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds, and extensive periods of time off of work, on total temporary disability. In September 26, 2013 progress note, the attending provider stated that the applicant was intent on pursuing a multilevel cervical fusion surgery. The applicant had ongoing complaints of neck pain, headaches, and shoulder pain. The applicant was issued with prescriptions for several topical compounded agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUR 10% / CYCLO 2% / CAPS 0.0125% / LID 1% (NEW) LIQ #120 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: One of the ingredients in the topical compound is cyclobenzaprine, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment

Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. This results in the entire compounds carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not certified.

KETOP 15% / LIDOC 1% / CAP 0.012% / TRAM 65% LIQ #60 15 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound formulation purposes. This results in the entire compounds carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not certified, on independent medical review.