

Case Number:	CM13-0055168		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2012
Decision Date:	05/19/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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 a represented [REDACTED] employee who has filed a claim for mid and low back pain reportedly associated with an industrial injury of July 17, 2012. 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 topical compounds. In a Utilization Review Report of November 4, 2013, the claims administrator denied a request for several topical compounded agents. The applicant's attorney subsequently appealed. An earlier handwritten note of March 6, 2013, was notable for comments that the applicant was using oral Naprosyn for pain relief. On September 27, 2012, the applicant was described as using both Ultram and Naprosyn for pain relief. Prescriptions for topical compounds were endorsed via handwritten notes interspersed throughout 2013, including May 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/Cyclobenzaprine/Menthol (5/28/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113.

Decision rationale: One of the ingredients in the compound, cyclobenzaprine, is a muscle relaxant. However, muscle relaxants are not recommended for topical compound formulation purposes, according to page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the employee's successful usage of multiple first-line oral pharmaceuticals, including Naprosyn and tramadol, effectively obviates the need for the topical compound in question. Accordingly, the request is not certified, on Independent Medical Review.