

Case Number:	CM13-0055227		
Date Assigned:	12/30/2013	Date of Injury:	01/12/2012
Decision Date:	07/23/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/20/2013

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a man with a date of injury of 1/12/12. He was seen by his primary treating physician for neck pain radiating to his upper extremities. He had persistent right wrist pain and his left wrist pain had improved significantly after surgery. His cervical spine showed tender paravertebral muscles with pain with terminal motion and restricted range of motion. He had a positive axial loading compression test and Spurling's maneuver test. He had a positive Tinel's sign at both elbows and right positive Tinel's and Phalen's sign at the wrist. His diagnoses were severe cervical discopathy, right carpal tunnel syndrome and status post left carpal tunnel release. There is a request for authorization by his primary treating physician on 10/21/13 for the following medications: naproxen, cyclobenzaprine, sumatriptan, ondansetron, omeprazole, quazepam, tramadol, citalopram, ketoprofen, norco, levofloxacin, mentherm gel and terocin patch. At issue in this review is: medication: flur 10%, cyclo 2%, caps 0.0125%, lid 1% 120g x2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: FLUR 10%, CYCLO 2%, CAPS 0.0125%, LID 1% 120G X2 REFILLS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9789.10-9789, Compounded Medications Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. This injured worker is already taking numerous medications including oral NSAIDs, muscle relaxants and narcotics as well as two topical medications already. The records do not state why an additional compounded topical medication is necessary and what benefit it will provide in addition to what is already prescribed orally and topically. Regarding the compounded medication in this injured worker, the records do not provide clinical evidence to support medical necessity. Requested treatment is not medically necessary.