MAXIMUS Federal Services

Case Number:	CM13-0055968		
Date Assigned:	12/30/2013	Date of Injury:	11/23/1999
Decision Date:	03/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/21/2013

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 chronic neck, low back, shoulder, and right wrist pain reportedly associated with an industrial injury of November 23, 1999. 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; unspecified amounts of acupuncture; topical compounds; and extensive periods of time off of work, on total temporary disability. In a utilization review report of November 18, 2013, the claims administrator denied a request for several topical compounds. The applicant's attorney subsequently appealed. A September 18, 2013 progress note is notable for comments that the applicant is off of work, on total temporary disability, with diagnoses of insomnia, hypertension, shoulder impingement syndrome, arthropathy of the hand, and chronic low back pain. The applicant was issued prescriptions for Motrin, Flector, Naprosyn, a capsaicin-containing topical compound, and a flurbiprofen-containing topical compound, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

compounded drug Flurbiprofen/Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

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, there was no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals as to justify usage of topical compound such as flurbiprofen-tramadol containing agent, which is, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is noted that the applicant is apparently using first line oral Naprosyn and ibuprofen and without any reported difficulty, impediment, and impairment, effectively obviating the need for the flurbiprofen-tramadol compound. Accordingly, the request is not certified, on independent medical review.

COMPOUND DRUG CAPSAICINE-FLURBIPROFEN-TRAMADOL-MENTHOL-CAMPHOR DISPENSE ON 10/7/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is considered a last line agent, to be employed only if there is evidence of intolerance to and/or failure of other treatments. In this case, however, the applicant was issued prescriptions for first line oral ibuprofen and Naprosyn, effectively obviating the need for the capsaicin containing topical compound. The unfavorable recommendation on capsaicin results in the entire compound's carrying an unfavorable recommendation, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not certified.