

<b>Case Number:</b>	CM13-0056838		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/23/2013

### 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 low back pain, right arm pain, and right leg pain reportedly associated with an industrial injury of March 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; 7% whole-person impairment rating through a medical-legal evaluation of March 20, 2013; extensive periods of time off work; unspecified amounts of physical therapy over the life of the claim; and transfer of care to and from various providers in various specialties. In a utilization review report of October 21, 2013, the claims administrator denied a request for three separate topical compounded agents. The applicant's attorney subsequently appealed. A handwritten progress note of October 5, 2012 is notable for comments that the applicant is using oral medications such as Naprosyn, Lortab, Tramadol, and Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox 0.0375-20% #30:** Upheld

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

**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:** The MTUS/ACOEM Guidelines Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceutical so as to justify usage of topical agents and/or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "not recommended." Additionally, the attending provider did not furnish any applicant specific rationale or narrative for the topical compounds in question. The request for Medrox 0.0375-20% #30 is not medically necessary and appropriate.

**Flurbiprofen # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, as a class, are "largely experimental." In this case, the applicant's successful usage of multiple first-line oral pharmaceuticals effectively obviates the need for agents such as the flurbiprofen-containing topical compound proposed here. The request for Flurbiprofen # 120, is not medically necessary and appropriate.