

<b>Case Number:</b>	CM13-0058394		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 elbow and forearm pain reportedly associated with an industrial injury of July 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; MRI imaging of the injured knee of August 1, 2013, notable for a meniscal tear; work restrictions; and extensive periods of time off of work. In a utilization review report of October 30, 2013, the claims administrator denied a request for various topical compounds, citing the MTUS Chronic Pain Medical Treatment Guidelines, although this did not appear to be a chronic pain case as of the date of the utilization review report. In a clinical progress note of February 14, 2014, it is acknowledged that the applicant is using oral ibuprofen for pain relief and is contemplating knee surgery. On October 28, 2013, the applicant was given prescription for ibuprofen 800 mg, oral, in conjunction with several topical compounds. The applicant was placed off of work, on total temporary disability. An earlier note of September 16, 2013 was again notable for comments that the applicant was issued several topical compounds and once again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE PHARMACY PURCHASE OF CAPSAICIN .025%,  
FLURBIPROFEN 20%, TRAMADOL 10% M MENTHOL 2&, CAMPHOR 2% 240 GM:  
Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: PP. 111-113, 2010 Revision, Web Edition, and Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

**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 first-line oral pharmaceuticals so as to justify usage of topical agents such as the compound in question which are, it is incidentally noted, deemed "not recommended" per ACOEM Chapter 3, Table 3-1, page 49. It is further noted that the applicant appears to have used these topical compounds on multiple occasions and has failed to derive any lasting benefit or functional improvement despite prior usage of the same. The fact that the applicant remains off of work, on total temporary disability, several months removed from the date of injury, and is now contemplating knee surgery implies that the topical compound in question was not successful. Therefore, the request is not certified, for all the stated reasons.

**FLURBIPROFEN 20% M TRAMADOL 20%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: PP. 111-113, 2010 Revision, Web Edition, and Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

**Decision rationale:** As with the other topical compound, the MTUS Guideline in ACOEM Chapter 3, Table 3-1 deems topical medications "not recommended." In this case, it is further noted that the applicant's successful usage of first-line oral ibuprofen effectively obviates the need for the topical compound in question as ACOEM considers oral pharmaceuticals the first-line palliative method. Finally, the applicant has used this and other topical compounds on several occasions and has failed to derive any lasting benefit or functional improvement through prior usage of the same. The fact that the applicant remains off of work, on total temporary disability, despite prior usage of the topical compound in question implies a lack of functional improvement as defined in MTUS 9792.20f. For all the stated reasons, then, the request is not certified.