

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0059257 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/28/2006 |
| Decision Date: | 04/14/2014 | UR Denial Date: | 11/01/2013 |
| Priority: | Standard | Application Received: | 12/01/2013 |

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 pain syndrome, hypertension, epilepsy, stroke, and erectile dysfunction. The applicant reported an industrial injury of August 28, 2006. 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; topical compound; a wheelchair; and blood pressure lowering medications. In a utilization review report of November 1, 2013, the claims administrator denied a request for a topical compounded drug. The applicant's attorney subsequently appealed. In a clinical progress note of January 24, 2013, the applicant was described as wheelchair bound, having ongoing issues with epilepsy, blood pressure, and urinary incontinence. The applicant's medication list included Dilantin, Catapres, Labetalol, and Trileptal. The applicant is depended on his wife in terms of performance of activities of daily living, such as self care and personal hygiene. A home-health care aid was sought. The applicant's entire medication list was not detailed. On October 14, 2013, the applicant was described as using Dilantin, Diovan, Lipitor, Phenytoin, Tenoretic, Trileptal, and Tricor with diagnoses of seizure, stroke, and aneurysm rupture.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN/LIDOCAINE/CYCLOBENZAPRINE CREAM: Upheld

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

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, two of the ingredients in the compound in question, namely cyclobenzaprine and ketoprofen, are specifically are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry unfavorable recommendations, the entire compound is considered not recommended, per MTUS Chronic Pain Medical Treatment Guidelines. In this case, the attending provider does not proffer any applicant-specific rationale, narrative, or commentary along with the request for authorization so as to try and offset the unfavorable MTUS recommendation. Therefore, the request remains not certified, on independent medical review.