

Case Number:	CM13-0062517		
Date Assigned:	12/30/2013	Date of Injury:	01/26/2012
Decision Date:	04/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This is a 44 year-old female with a 1/26/12 industrial injury claim. According to the 10/1/13 report from [REDACTED], the patient presents with bilateral shoulder and neck pain, and was anticipating right shoulder surgery on 10/12/13. The diagnostic impression was cervical sprain; axial neck pain possibly myofascial pain vs. facet arthropathy; status post left shoulder surgery; right shoulder pain possible impingement. [REDACTED] recommended Fluoroplex and TG Ice topicals, which were denied by UR on 11/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroplex Cream:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician Reviewer based his/her decision on the FDA label, which reads: "Fluoroplex Fluoroplex[®] (fluorouracil) 1% Topical Cream

Decision rationale: The patient presents with neck and bilateral shoulder pain. The request is for Fluoroplex topical. According to the FDA labeled indications, this is for multiple actinic

keratosis. And this condition was not discussed on the 10/1/13 medical report. The use of Fluoroplex topical does not appear to be in accordance with the FDA labeled indications.

TG Ice: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The patient presents with neck and bilateral shoulder pain. Under review is the necessity of TG Ice, which was requested on the 10/1/13 report from [REDACTED]. The 10/1/13 medical report does not provide a rationale for this compounded topical, and does not give any indication as to what the compound consists of. Without a description of what TG Ice is composed of or what it was intended use was, it is unknown what section of the MTUS guidelines would be applied. It cannot be confirmed that the request for TG Ice with unknown components is in accordance with MTUS guidelines.