

Case Number:	CM13-0062823		
Date Assigned:	12/30/2013	Date of Injury:	10/13/2011
Decision Date:	06/19/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 and mid back pain reportedly associated with an industrial injury of October 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; oral suspensions; unspecified amounts of physical therapy; an ankle brace; unspecified amounts of extracorporeal shockwave therapy; earlier ORIF of an ankle fracture; and extensive periods of time off of work. In a Utilization Review Report dated November 12, 2013, the claims administrator denied a request for various topical compounds and oral suspensions. The applicant's attorney subsequently appealed. In a progress note dated October 21, 2013, the applicant apparently transferred care to a new treating provider. The applicant had persistent complaints of neck, mid back, low back, and ankle pain with derivative complaints of psychological stress. The applicant was apparently not working. Extracorporeal shockwave therapy, psychological consultation, electrodiagnostic testing, MRI imaging and CT scanning were endorsed, along with numerous oral suspensions and topical compounds. The applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOPHENE 100GM GEL #1 TUBE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OTHER MUSCLE RELAXANTS , 113

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

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 is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as cyclophene, which are, according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not medically necessary.

KETOPROFEN CREAM 120MG GEL #1 TUBE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 112

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 7-8 and 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, the attending provider has not furnished any employee-specific rationale, narrative, or commentary which would offset the unfavorable MTUS recommendation. It is further noted that ketoprofen, according to page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, is not FDA approved for topical application purposes. Pages 7-8 of the MTUS Chronic Pain Medical Treatment Guidelines indicate that it is incumbent upon the attending provider to furnish compelling evidence for usage of articles for non-FDA approved purposes. In this case, no such evidence was furnished. Therefore, the request is not medically necessary.

TABRADOL 250ML ORAL SUSPENSION #1 BOTTLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN), 64

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111-113.

Decision rationale: Tabradol is a cyclobenzaprine-containing amalgam. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 47, deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, no compelling narrative, rationale, or commentary was provided to support provision of the cyclobenzaprine-containing Tabradol suspension. Therefore, the request is not medically necessary.