

Case Number:	CM13-0063338		
Date Assigned:	12/30/2013	Date of Injury:	02/03/2012
Decision Date:	05/20/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/09/2013

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 anxiety disorder, chronic low back pain, sleep disturbance, and chronic neck pain associated with an industrial injury of February 3, 2012. Thus far, the applicant has been treated with analgesic medications, topical compounds, transfer of care to and from various providers in various specialties, long- and short-acting opioids, and cervical epidural steroid injection therapy. The applicant was described as using oral Norco as early as September 13, 2012. He was also using topical compounds as early as November 1, 2012. An October 15, 2013 progress note was notable for comments that the applicant should continue Norco and Zanaflex as needed. The attending provider posited that ongoing usage of Norco and Zanaflex had been beneficial. A September 26, 2013 progress note was notable for comments that the applicant was off of work, on total temporary disability, despite using oral and topical agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABACYCLOTRAM COMPOUND 180 GM (DATE OF SERVICE: 7/17/13): 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 on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither Cyclobenzaprine nor Gabapentin, two ingredients in the compound, are recommended for topical formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

FLURB (NAP) CRM COMPOUND 180 GM (DATE OF SERVICE: 7/17/13): Upheld

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

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: As noted in the MTUS-adopted ACOEM guidelines in chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals, including Norco, morphine, Zanaflex, etc., obviates the need for topical compounds such as a Flurbiprofen- containing agent. Furthermore, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, compounded topical agents are largely experimental. Therefore, the request is not medically necessary.