

Case Number:	CM13-0068729		
Date Assigned:	01/03/2014	Date of Injury:	08/31/2002
Decision Date:	05/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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 chronic pain syndrome, chronic low back pain, myalgias, myositis, and fibromyalgia reportedly associated with an industrial injury of August 31, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; nutritional supplements; and epidural steroid injection therapy. In a utilization review report of December 10, 2013, the claims administrator denied a request for a topical compounded agent and denied a request for Sintralyne, a medical food. The applicant's attorney subsequently appealed. A clinical progress note dated November 29, 2012 was notable for comments that the applicant was using Opana, Prilosec, Pamelor, Paxil, glucosamine, Medrox, and Norco at that point in time. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. The applicant was described as permanent and stationary at that point. A November 26, 2013 progress note is notable for comments that the applicant reports persistent pain. The applicant has recently been hospitalized for congestive heart failure. The applicant's pain is ranging from 5 to 7/10. A topical compounded Ketoflex medication was endorsed, along with Sintralyne, a dietary supplement. Norco was renewed. Various other opioids, including Opana were discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOFLEX (DETOPROFEN/CYCLOBENZAPRINE) 15%/10% CREAM 240MG QTY 1: Upheld.

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

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

Decision rationale: Both of the ingredients in the cream, specifically ketoprofen and Flexeril, a muscle relaxant, are not recommended for topical compound formulation purposes, per pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's usage of multiple first-line oral pharmaceuticals effectively obviates the need for the compound in question. Therefore, the request is not medically necessary and appropriate.

SINTRALYNE PM 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Pain, Medical Food.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The MTUS does not address the topic of dietary supplements or complimentary treatments. As noted in the Third Edition ACOEM Practice Guidelines, however, dietary supplements or medical foods are not recommended in the treatment of chronic pain as they have not proven efficacy in treating the same. In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary so as to offset the unfavorable ACOEM Practice Guidelines recommendation. Therefore, the request is not medically necessary and appropriate