

Case Number:	CM13-0069808		
Date Assigned:	01/03/2014	Date of Injury:	05/28/2009
Decision Date:	04/22/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 shoulder pain, chronic knee pain, chronic neck pain, chronic low back pain, and derivative sleep disturbance reportedly associated with an industrial injury of May 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; epidural steroid injection therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of December 9, 2013, the claims administrator denied a request for various topical compounds. The applicant's attorney subsequently appealed. A November 8, 2013 progress note is notable for comments that the applicant reports moderate-to-severe neck pain status post cervical epidural steroid injection therapy. The applicant exhibits tightness and limited range of motion noted about the same. A repeat epidural steroid injection is sought. The applicant is given prescriptions for several topical compounds and placed off of work, on total temporary disability, until November 13, 2013. She is asked to return to modified work effective November 14, although it is unclear whether the applicant's employer is able to accommodate the applicant's limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX 180GM CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. In this case, one of the ingredients in the topical compound, Flexeril, is a muscle relaxant. The unfavorable recommendation on the Flexeril component of the request results in the entire compound's carrying unfavorable recommendation, per page 111 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

TGICE 180GM CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, however, 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 the article in question here, which are, per page 111 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is likewise not certified, on Independent Medical Review.