MAXIMUS Federal Services

Case Number:	CM14-0001271		
Date Assigned:	01/22/2014	Date of Injury:	01/14/2003
Decision Date:	06/06/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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 injured worker is a male with a date of injury of Janaury 14, 2003. Per primary treating physician's progress report, the injured worker complains of bilateral shoulder injury, head pain 8/10, cervical spine pain 8/10, thoracic spine pain 8/10, lumbar spine pain 8/10, bilateral shoulder pain 7/10, bilateral wrist pain 7/10, bilateral knee pain 8/10. Symptoms are unchanged. Pain is constant in low back and bilateral shoulders. Bilateral shoulder pain to movements overhead. Low back pain increased with prolonged standing and sitting greater than 45 minutes. On exam he ambulates with a cane secondary to bilateral knee instability. Physical exam is reported as unchanged. Diagnoses include 1) cervical spine muscle tear 2) thoracic spine muscle tear 3) lumbar spine muslce tear 4) bilateral shoulder, bilateral AC joint, right portal tear 5) bilateral wrist left TFCC tear 6) bilateral knee 7) abdomen pain 8) insomnia 9) status post cerebral vascular accident.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR COMPOUND MEDICATION CONTAINING FLUBIPROFEN AND CYCLOBENZAPRINE, DISPENSED ON 6/18/13: Upheld

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

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

Decision rationale: The use of topical analgesics is recommended by the guidelines in certain circumstances. In compounded topical analgesics, each active ingredient must be recommended for use, otherwise the entire compounded topical analgesic is not recommended. The request for this compounded pharmaceutical does report the active incredients, however there is no report of dose or concentration of each active ingredient, amount to be dispensed, or frequency of use. This leaves the request very open and not specific enough to determine if this compounded agent is supported by medical literature or established guidelines. Therefore the requested retrospective compund medication dispensed on 6/16/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR COMPOUND MEDICATION CONTAINING TRAMADOL, GABAPENTIN, MENTHOL, CAMPHOR AND CAPSAICIN DISPENSED ON 6/18/13: Upheld

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

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

Decision rationale: The use of topical analgesics is recommended by the guidelines in certain circumstances. In compounded topical analgesics, each active ingredient must be recommended for use, otherwise the entire compounded topical analgesic is not recommended. The request for this compounded pharmaceutical does report the active incredients, however there is no report of dose or concentration of each active ingredient, amount to be dispensed, or frequency of use. This leaves the request very open and not specific enough to determine if this compounded agent is supported by medical literature or established guidelines. Therefore the requested retrospective compund medication dispensed on 6/16/2013 is not medically necessary.