

Case Number:	CM14-0002799		
Date Assigned:	01/29/2014	Date of Injury:	08/08/2006
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 applicant is a represented former laborer who has filed a claim for chronic neck pain, knee pain, finger pain, low back pain, and mid back pain reportedly associated with an industrial injury of August 8, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounded drugs; sleep aids; and extensive periods of time off of work. In a Utilization Review Report dated December 18, 2013, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. A November 19, 2013 progress note identifies the applicant as a disabled former laborer from the [REDACTED]. The applicant reports 9/10 low back pain. Reflux/reflex is evident. The applicant is on Norco 2.5 for pain relief, it is stated, which is incompletely controlling the applicant's pain. Nexium is introduced for dyspepsia. Lunesta is endorsed for sleep, along with Phenergan and Colace for opioid induced nausea and constipation, respectively. Several topical compound agents are endorsed. Effexor is also prescribed, along with Topamax for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FLURBIPROFEN CREAM 20% 1 TUBE DISPENSED 11/01/2013:
Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither Gabapentin nor Cyclobenzaprine, a muscle relaxant, are recommended for topical compound formulation purposes. Since one or more ingredients in the compound in question carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

RETROSPECTIVE CYCLOGABA CREAM 10% 10% 1 TUBE DISPENSED 11/01/2013:
Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are largely experimental, to be employed for neuropathic pain in cases in which anticonvulsants have been tried and/or failed. In this case, however, the applicant is reportedly using several adjuvant medications, including Topamax, an anticonvulsant, and Effexor, an antidepressant, effectively obviating the need for the largely experimental Flurbiprofen containing cream in question. Therefore, the request is not medically necessary.