

Case Number:	CM14-0104662		
Date Assigned:	07/30/2014	Date of Injury:	01/31/2013
Decision Date:	10/14/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of January 31, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated June 27, 2014, the claims administrator denied a request for several topical compounded medications. The applicant's attorney subsequently appealed. In a May 21, 2014 progress note, the applicant reported ongoing complaints of elbow pain, reportedly worsening, moderate severe, with derivative complaints of psychological stress, insomnia, and difficulty sleeping. The applicant was asked to obtain 12 sessions of acupuncture. The applicant was placed off of work, on total temporary disability. There was no explicit discussion of medication efficacy on this date. It did appear that the attending provider furnished the applicant with unspecified transdermal compounds, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound - Cyclobenzaprine 2%, Gabapentin 10%, Flurbiprofen 15%, 180gm: 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 Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Compound Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, 180gm: 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 Capsaicin Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin, the primary ingredient in the compound at issue, is recommended only as an option in applicants who have not responded to or are intolerant to other treatment. In this case, however, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals before the capsaicin-containing topical compound was considered. Therefore, the request is not medically necessary.