MAXIMUS Federal Services

Case Number:	CM14-0010201		
Date Assigned:	02/21/2014	Date of Injury:	02/01/2007
Decision Date:	10/17/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/24/2014

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 neck, bilateral shoulder, elbow, wrist, and hand pain reportedly associated with an industrial injury of February 1, 2007. In a Utilization Review Report dated January 6, 2014, the claims administrator denied a request for topical compounded agent. The applicant's attorney subsequently appealed. In a December 30, 2013 progress note, the applicant reported persistent complaints of neck and bilateral hand pain. The applicant was given diagnoses of chronic neck pain, lateral epicondylitis, and bilateral carpal tunnel syndrome. The applicant was asked to continue Vicodin, Xanax, cyclobenzaprine, Naprosyn, Doral, and the topical compounded flurbiprofen-menthol-capsaicin compound at issue. Work restrictions were endorsed, although it was not clearly stated whether or not the applicant was, in fact, working or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND TOPICAL CREAM: FLURBIPROFEN, MENTHOL, CAPSAICIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Section, Medication-compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Topical Capsaicin topic. Page(s): 28,.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin, one of the ingredients in the compound, is not recommended except as a last line agent, in applicants who have not responded to or are intolerant of other treatments. In this case, however, the applicant's ongoing usage of numerous other first line oral pharmaceuticals, including Vicodin, cyclobenzaprine, Naprosyn, etc., effectively obviates the need for the capsaicin containing topical compound. Therefore, the request is not medically necessary.