

Case Number:	CM14-0116647		
Date Assigned:	08/04/2014	Date of Injury:	12/30/2009
Decision Date:	11/07/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/25/2014

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 low back pain reportedly associated with an industrial injury of December 30, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; dietary supplements; topical compounds; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated July 17, 2014, the claims administrator denied a request for several topical compounded medications. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 24, 2014, there was no explicit mention or discussion of medication selection or medication efficacy. Several of the topical compounds at issue were later sought through a handwritten request for authorization (RFA) form dated April 16, 2014. On that date, the applicant was described as using Norco, an opioid agent, in conjunction with the aforementioned topical compounds. Persistent complaints of neck and low back pain with associated stiffness were noted. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.25%, Flurbiprofen 15%, Tramadol 15%, Methol 2% and Camphor 2% QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, 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 a lifeline agent, in applicants who have not responded to or are intolerant to other treatments. In this case, the applicant's ongoing usage of first-line oral pharmaceuticals, including oral Norco, effectively obviates the need for the topical capsaicin-containing topical compound at issue. Therefore, the request is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 20% QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, 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, muscle relaxants such as Cyclobenzaprine are 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 was not medically necessary.