

Case Number:	CM14-0139989		
Date Assigned:	09/08/2014	Date of Injury:	05/29/2014
Decision Date:	11/07/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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 neck, mid back, bilateral knee, ankle, and heel pain reportedly associated with an industrial injury of May 29, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and work restrictions. In a Utilization Review Report dated August 8, 2014, the claims administrator denied a request for several topical compounded medications. Despite the fact that this was not a chronic pain case as of the date of the request, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines in favor of ACOEM. The applicant's attorney subsequently appealed. In a progress note dated June 20, 2014, the applicant apparently transferred care to a new primary treating provider (PTP) upon obtaining attorney representation. Multifocal neck, mid back, knee, and ankle pain complaints were noted with derivative complaints of depression, anxiety, and psychological stress. Work restrictions were endorsed. Physical therapy, x-ray imaging of numerous body parts, and several topical compounded medications were prescribed. Work restrictions were endorsed, although the attending provider suggested that the applicant's employer might be unable to accommodate said limitations. In an earlier note dated June 17, 2014, the applicant was given prescriptions for Relafen and Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline/Dextromethorphan/Gabapentin 10/10/10 percent cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound drugs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the amitriptyline-containing compound at issue are "not recommended." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Relafen, Tylenol, Flexeril, etc., effectively obviates the need for the amitriptyline-containing topical compound at issue. Therefore, the request was not medically necessary.

Menthoderm (Methyl Salicylate) 15/10 percent gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound drugs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as Mentoderm are "not recommended." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Relafen, Tylenol, Flexeril, etc., effectively obviates the need for the Mentoderm topical compound at issue. Therefore, the request was not medically necessary.

Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4 percent cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound drugs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of several first-line oral pharmaceuticals, including Relafen, Tylenol, Flexeril, etc., effectively obviates the need for the Flurbiprofen-containing topical compound at issue. Therefore, the request was not medically necessary.