

Case Number:	CM14-0162428		
Date Assigned:	10/07/2014	Date of Injury:	06/30/1997
Decision Date:	11/14/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/02/2014

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 and bilateral upper extremity pain reportedly associated with cumulative trauma at work between the dates September 1, 1999 through present. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated September 15, 2014, the claims administrator approved a request for 12 sessions of acupuncture, invoking non-MTUS ODG guidelines, and denied a request for topical compounded flurbiprofen-containing agent. The applicant's attorney subsequently appealed. In an August 12, 2014 progress note, the applicant reported multifocal complaints of shoulder, wrist, finger, and forearm pain. The applicant was asked to pursue 12 additional sessions of acupuncture and obtain a topical compounded medication. The applicant's work status was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCS Flurbiprofen 10%, Capsaicin 0.05%, Menthol 2.5%, Camphor 2.5% 120 gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Flurbiprofen; Capsaicin, topical.

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 deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of topical compounds such as the Flurbiprofen-containing agent at issue. Therefore, the request of FCS Flurbiprofen 10%, Capsaicin 0.05%, Menthol 2.5%, Camphor 2.5% 120 gm with 2 refills is not medically necessary and appropriate.