

Case Number:	CM14-0169537		
Date Assigned:	10/17/2014	Date of Injury:	05/03/2013
Decision Date:	11/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 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, knee, ankle, and neck pain reportedly associated with an industrial injury of May 3, 2013. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of acupuncture; unspecified amounts of manipulative therapy; unspecified amounts of extracorporeal shockwave therapy; DNA testing; extensive period of time off of work; and epidural steroid injection therapy. In a Utilization Review Report dated September 16, 2014, the claims administrator failed to approve to request for topical compounded drug. The applicant's attorney subsequently appealed. In May 20, 2014, progress note, the applicant reported multifocal complaints of knee pain, ankle pain, foot pain, and low back pain. DNA testing, acupuncture, and extracorporeal shockwave therapy were sought while the applicant was placed off of work, on total temporary disability. There was no discussion of medication suggestion or medication efficacy on this date. The applicant's medications list was not provided. The applicant underwent drug testing in both July 2014 and August 2014. In a July 6, 2014, progress note, topical compounded gabapentin containing compound was endorsed, along with prescriptions for oral tramadol and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Tramadol 10%/Flurbiprofen 10% 180 GM: 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 topic 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 is not recommended, the entire compound is not recommended, per page 111 of MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first line oral pharmaceuticals, including oral Tramadol, effectively obviates the need for what page 111 of MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compound at issue. Therefore, the request is not medically necessary.