MAXIMUS Federal Services

Case Number:	CM14-0170344		
Date Assigned:	10/20/2014	Date of Injury:	11/17/2009
Decision Date:	12/05/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/15/2014

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 knee pain with derivative complaints of insomnia reportedly associated with an industrial injury of November 17, 2009.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; opioids agents; and muscle relaxants.In a Utilization Review Report dated September 10, 2014, the claims administrator failed to approve request for several compounded drugs.The applicant's attorney subsequently appealed.Several of the topical compounds at issues were endorsed on a January 7, 2014 progress note, in which the applicant reported ongoing complaints of knee pain, 6/10, status post earlier knee arthroscopy. The applicant had received acupuncture and medications, it was acknowledged. Norco, Xanax, and two separate topical compounded medications were dispensed. The applicant was apparently placed off of work. Manipulative therapy and acupuncture were also sought.On March 4, 2014, the applicant was again placed off of work, on total temporary disability, while topical compounds, Norco, Xanax, Protonix, Terocin, extracorporal shock wave therapy, a cane, and functional capacity testing were endorsed.On July 7, 2014, the applicant was again placed off of work, on total temporary disability, while Norco, Flexeril, Prilosec, and several topical compounds were again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 20 percent/Menthol 2 percent/Camphor 2 percent/ Capsaicin 0.025 percent in Cream Base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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, the applicant has already received the topical compound at issue, on several prior occasions and has, furthermore, failed to demonstrate any lasting benefit or functional improvement despite ongoing usage of the same. The applicant remains off of work, on total temporary disability. Ongoing usage of the largely experimental topical compound has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the flurbiprofen containing compound at issue. Therefore, the request was not medically necessary.

Compound: Tramadol 20 percent in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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 such as tramadol containing compound at issue are, as a class, deemed "largely experimental." In this case, it is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Flexeril, etc., effectively obviates the need for the largely experimental topical compound at issue. Therefore, the request was not medically necessary.