

<b>Case Number:</b>	CM14-0184018		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 pain, hand pain, and a ganglion cyst reportedly associated with an industrial injury of June 2, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; work restrictions; MRI imaging of the wrist of October 22, 2014, notable for dorsal ganglion cyst; a wrist brace; MRI imaging of the cervical spine of October 22, 2014, notable for multilevel degenerative changes of uncertain clinical significance; and topical compounds. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a request for several topical compounded medications apparently dispensed on August 25, 2014. Despite the fact that this did not appear to be a chronic pain case, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a doctor's first report dated October 8, 2014, the applicant reported complaints of hand, wrist, and neck pain, exacerbated by gripping, grasping, pushing, and pulling activities. Naprosyn, Prilosec, physical therapy, MRI imaging of the wrist, and several topical compounded medications were prescribed. The applicant was given a rather proscriptive 15- to 20-pound lifting limitation. It did not appear that the applicant was working with said limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal Cream UltraFlex-G (CGT) (C4) 240gm 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1, 47, 49.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, a topical medication such as the UltraFlex compound at issue are deemed "not recommended." In this case, the applicant's concomitant provision for what ACOEM Chapter 3, page 47 deems "first line" oral pharmaceuticals effectively obviated the need for the topical compounded UltraFlex agent at issue. Therefore, the request is not medically necessary.

**Transdermal Cream FlurLido-A Cream (FLA) 240gm 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1, 47, 49.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as Flur-Lido compound at issue are deemed "not recommended." It is further noted that the applicant's concomitant provision with what page 47 of the ACOEM Practice Guidelines deems a "first line" oral pharmaceutical, Naprosyn, effectively obviated the need for the Flur-Lido compound at issue. Therefore, the request is not medically necessary.