MAXIMUS Federal Services

Case Number:	CM14-0022871		
Date Assigned:	06/13/2014	Date of Injury:	04/25/2011
Decision Date:	08/11/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/24/2014

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 injured worker is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 25, 2011. Thus far, the injured worker has been treated with analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; and topical compounded medications. In a Utilization Review Report of February 28, 2014, several topical compounded medications were denied. The injured worker's attorney subsequently appealed. In an August 21, 2013 progress note, the injured worker was described as a candidate for epidural steroid injection therapy. In an August 19, 2013 progress note, the injured worker was described as pending cervical spine surgery on August 30, 2013. The injured worker was described as using Neurontin, Flexeril, Norco, Omeprazole, and Zofran. On September 11, 2013, the injured worker was placed off of work, on total temporary disability. The attending provider felt that the injured worker had a good outcome following cervical spine surgery but nevertheless ordered a Toradol injection for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOP/LIDOC/CAP/TRAM 15%, 1%, 0.0125/5% LIQ: 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): 111-112.

Decision rationale: The principal ingredient in the compound, namely Ketoprofen, is not recommended for topical compound formulation purposes. ince one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended for use, per the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the injured worker's ongoing usage of multiple first-line oral pharmaceuticals, including Neurontin, Flexeril, Norco etc. effectively negate the need for the largely experimental topical compounded agent in question. Therefore, the request is not medically necessary.

FLUR/CYCLO/CAPS/LID 10%, 2%, 0.0125%, 1% LIQ: 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: Muscle relaxants such as Cyclobenzaprine, one of the principal ingredients in the compound in question, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended for use. It is further noted that the injured worker's ongoing usage of multiple first-line oral pharmaceuticals, including Neurontin, Flexeril, Norco, etc. effectively negate the need for the largely experimental topical compounded agent. Therefore, the request is not medically necessary.