

Case Number:	CM14-0032203		
Date Assigned:	06/20/2014	Date of Injury:	03/30/2011
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/14/2014

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 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 low back pain, chronic neck pain, and chronic shoulder pain reportedly associated with an industrial injury of March 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical compound; and extensive periods of time off of work. In a Utilization Review Report dated February 26, 2014, the claims administrator denied a request for a topical compounded Capflex cream. The applicant's attorney subsequently appealed. In a progress note dated October 31, 2013, the applicant presented with persistent shoulder pain, neck, and knee pain. The applicant was asked to pursue a pain management consultation. Multiple topical compound agents were issued. The applicant's work status was not clearly stated; however, it did not appear that the applicant was working. On March 13, 2014, the applicant was again given a prescription for multiple topical compounded drugs. The applicant was asked to pursue an orthopedic consultation for the wrist. A rather proscriptive 5-pound lifting limitation was endorsed. 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:

Restrospective review for pharmacy purchase of Capflex compound 180gm.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic topic Page(s): 111-113.

Decision rationale: One of the ingredients in the compound is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, the attending provider has not furnished any compelling applicant-specific information or rationale, or medical evidence which would offset the unfavorable MTUS recommendations, nor the attending provider stated why first-line oral pharmaceuticals cannot be employed here. Therefore, the request is not medically necessary.