

Case Number:	CM14-0032419		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2011
Decision Date:	09/05/2014	UR Denial Date:	02/21/2014
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 Occupation 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 pain syndrome, including chronic rhinosinusitis, reportedly associated with an industrial injury of October 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; multiple sinus surgeries; topical compounds; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 21, 2014, the claims administrator denied a topical compounded medication. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated April 14, 2014, it was suggested that the applicant was no longer working and had relocated from California to Oregon. Several of the topical compounded medications were endorsed via a prescription form dated August 27, 2013, which employed preprinted checkboxes and did not furnish any applicant-specific rationale or narrative commentary. The bulk of the Independent Medical Review packet appeared to comprise of prescription forms over the years, historical Utilization Review Reports, and various medical-legal reports. Many of these reports did not include the applicant's complete medication list.

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%0.012/5% #60: 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): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, the principal ingredient in the compound in question, is 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, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. No rationale for selection and/or ongoing usage of the compound in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request was not medically necessary.