

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0033064 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 10/11/2013 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 01/29/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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 low back pain reportedly associated with industrial injury of October 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 29, 2014, the claims administrator denied a request for several topical compounded drugs, citing the MTUS Chronic Pain Medical Treatment Guidelines, although it did not appear that this was clearly a chronic pain case as of the date of the request. The applicant's attorney subsequently appealed. An October 25, 2013 doctor's first report was apparently notable for comments that the applicant was using a variety of first-line oral pharmaceuticals, including Mobic and Flexeril. The applicant was placed off of work, on total temporary disability, for issues associated with low back pain and psychological stress. A January 10, 2014 progress note was likewise notable for ongoing complaints of shoulder and low back pain with derivative complaints of anxiety, depression, and insomnia. The applicant's medication list was not furnished on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURIFLEX (FLURBIPROFEN 15 PERCENT/CYCLOBENZAPRINE 10 PERCENT)
240 GM JAR #1:** Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's seeming usage of multiple first-line oral pharmaceuticals, including Mobic and Flexeril, effectively obviates the need for the topical agents such as the Flurflex compound proposed here which are, as a class, "not recommended," per ACOEM Table 3-1, page 49. In this case, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

GABA/TRAMA (GABAPENTIN 10 PERCENT/TRAMADOL 20 PERCENT) 240 GM JAR #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

Decision rationale: As with the other topical compound, the MTUS Guideline in ACOEM Chapter 3, page 47, deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, the applicant's usage of two first-line oral pharmaceuticals, Mobic and Flexeril, effectively obviates the need for topical agents such as the compound proposed here which are deemed, as a class, "not recommended," per ACOEM Chapter 3, Table 3-1, per page 49. In this case, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.