

Case Number:	CM14-0033849		
Date Assigned:	06/20/2014	Date of Injury:	01/27/2013
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/18/2014

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 bilateral wrist, bilateral hand, and foot pain reportedly associated with an industrial injury of January 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; ankle bracing; orthotics; and topical compounded drugs. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for multiple topical compounded drugs. In a handwritten progress note dated January 15, 2014, difficult to follow, not entirely legible, the applicant was described as having multifocal complaints of neck and bilateral shoulder pain with associated limited range of motion. The applicant was asked to pursue acupuncture, chiropractic manipulative therapy, and topical compounds. Functional capacity testing, a pain management consultation, and/or orthopedic consultation were sought. The applicant was given work restrictions; however, it was not clearly stated whether said limitations were accommodated or not. In an earlier note of November 27, 2013, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of ankle and bilateral wrist pain. The applicant's medication list was not provided on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medications: Flurbiprofen/Capsasin/Menthol-10/0.025/2/1% (120gm): 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 Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounded drugs such the Flurbiprofen-containing agent proposed here. In this case, the attending provider has not proffered any compelling applicant specific rationale, narrative, commentary, or medical evidence which would offset the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine-10%/3%/5% (120gm): 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.

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither Ketoprofen nor Cyclobenzaprine, a muscle relaxant, is recommended for topical compound formulation purposes. Since one or ingredients in the compound carry unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.