

Case Number:	CM14-0033865		
Date Assigned:	06/20/2014	Date of Injury:	10/08/2009
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 73-year-old female was reportedly injured on October 8, 2009. The mechanism of injury was noted as lifting a 30 pound basket. The most recent progress note, dated December 10, 2013, indicated that there were ongoing complaints of abdominal pain as well as pain in the right hand right knee, right shoulder, arm, and back. The physical examination demonstrated tenderness of the abdominal wall. Previous treatment included oral medications and physical therapy. A request had been made for Flurbiprofen/ Capsaicin/ Menthol/ Camphor, Ketoprofen/ Cyclobenzaprine/ Lidocaine compound and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen/Capsaicin/Menthol/Camphor, Ketoprofen/Cyclobenzaprine/Lidocaine compound, amount, strength, duration and frequency, unknown, dispensed on 11/19/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 112 Page(s): 112.

Decision rationale: According to the chronic pain medical treatment guidelines, the only topical medications recommended for use are those which include anti-inflammatories, Lidocaine or possibly capsaicin. There has not been shown to be any efficacy of additional compounded ingredients including menthol, camphor and Cyclobenzaprine. Additionally, Ketoprofen is a non-FDA approved agent for topical usage. For these reasons, this request for Flurbiprofen/ capsaicin/ Menthol/ Camphor, Ketoprofen/ Cyclobenzaprine/ Lidocaine compound is not medically necessary.