

Case Number:	CM14-0034188		
Date Assigned:	06/20/2014	Date of Injury:	11/06/2011
Decision Date:	08/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/19/2014

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 chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of November 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the course of the claim; reportedly unremarkable elbow MRI of August 5, 2013; lumbar MRI imaging of July 24, 2013, also notable for low-grade disk bulge of uncertain clinical significance; MRI imaging of the cervical spine of July 24, 2013, again notable for low-grade disk bulge of uncertain clinical significance; MRI imaging of the shoulder of August 12, 2013, notable for subacromial bursitis/tendinitis. In a Utilization Review Report dated February 20, 2014, the claims administrator denied a request for several topical compounded drugs. It did not appear that the claims administrator incorporated any guidelines or narrative rationale into its decision. The applicant's attorney subsequently appealed. In a clinical progress note of September 24, 2013, the applicant was placed off of work, on total temporary disability. Localized intense neurostimulation therapy, orthopedic consultations, and numerous MRIs were ordered. The applicant's medication list was not enclosed. On October 29, 2013, the applicant was again placed off of work, on total temporary disability. On October 4, 2013, it was stated that the applicant was considering shoulder surgery. The applicant presented with neck and shoulder pain on that occasion. Once again, the applicant's medication list was not included in this progress note. On January 8, 2014, the applicant was described as using oral Ibuprofen, Flexeril, and Omeprazole. Several topical compounds, including Flurbiprofen, Tramadol, Gabapentin, Amitriptyline, and Dextromethorphan, were nevertheless endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medications cream: Flurbiprofen 20% Tramadol 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, pages 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Ibuprofen and Flexeril, effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounded agents such as the Flurbiprofen-containing cream here. Therefore, the request is not medically necessary.

Medication cream: Gabapentin 10%, Amitriptyline 10%, Dexamethorphan 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the principal ingredient in the compound in question, is specifically not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, 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.