

Case Number:	CM14-0035710		
Date Assigned:	06/23/2014	Date of Injury:	05/01/2012
Decision Date:	08/05/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 May 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; a 9% whole person impairment rating; and extensive periods of time off of work. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for several topical compounded drugs. Despite the fact that this was not a chronic pain case as of the date of service, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a medical-legal evaluation of April 12, 2014, the applicant was described as not having worked since 2012. The applicant had ongoing complaints of hand and wrist pain, it was stated. The applicant was given a 9% whole person impairment rating and was described as a qualified injured worker, implying that the applicant had not, in fact, returned to work. In a progress note of February 21, 2014, the applicant was described as using oral medications, including Ultram and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive Amitriptyline 4%/Dextromethorphan 10%/Tramadol 20%/Ultraderm, Date of service: 7/24/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; Table 3-1, 49.

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, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including oral Ultram, effectively obviates the need for topical medications such as the Amitriptyline-Dextromethorphan-tramadol-UltraDerm compound in question which are, per ACOEM Chapter 3, Table 3-1 not recommended. Therefore, Retroactive Amitriptyline 4%/Dextromethorphan10%/Tramadol 20%/Ultraderm, Date of service: 7/24/12 was not medically necessary.

Retroactive Diclofenac 10%/Flurbiprofen 25%/Ultraderm, Date of service: 7/24/12:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; Table 3-1, 49.

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, the applicant's ongoing usage of a first-line oral pharmaceutical, Ultram, effectively obviates the need for topical medications such as the Diclofenac-Flurbiprofen-UltraDerm compound in question, which is, per ACOEM Chapter 3, Table 3-1 not recommended. Therefore, Retroactive Diclofenac 10%/Flurbiprofen 25%/Ultraderm, Date of service: 7/24/12 was not medically necessary.