

Case Number:	CM14-0037325		
Date Assigned:	06/25/2014	Date of Injury:	11/12/2011
Decision Date:	07/31/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/27/2014

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 shoulder, elbow, and wrist pain reportedly associated with an industrial injury of November 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier shoulder arthroscopy; unspecified amounts of chiropractic manipulative therapy, physical therapy, and acupuncture; and extensive periods of time off of work. In a utilization review report dated March 5, 2014, the claims administrator denied a request for several topical compounded creams. The applicant's attorney subsequently appealed. In a progress note dated February 25, 2014, the applicant presented with persistent complaints of elbow, shoulder, wrist, and low back pain. The applicant was reportedly worsened. The applicant exhibited multifocal tenderness to touch. The applicant is placed off of work, on total temporary disability. Multiple MRIs were sought. Topical compounded creams were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto cream: Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen is specifically not recommended for topical compound formulation purposes. In this case, the attending provider has not provided any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.

FCMC cream: 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, 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 MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as the FC/MC cream in question here. Therefore, the request is not medically necessary.