

Case Number:	CM14-0039820		
Date Assigned:	06/27/2014	Date of Injury:	10/11/2011
Decision Date:	08/29/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/04/2014

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 pain reportedly associated with an industrial injury of October 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; and topical compounds. In a Utilization Review Report dated February 28, 2014, the claims administrator denied a request for topical compounded medication. In a February 8, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to reportedly severe low back pain. Ambien was prescribed as a sleep aid. The applicant was also asked to continue unspecified prescription analgesic, antiinflammatory, and muscle relaxant medications as well as the topical compounded rub at issue. The name of the compound in question was not furnished, nor were the names of the applicant's other prescription medications provided. In a progress note dated March 8, 2014, the applicant was again asked to remain off of work, on total temporary disability, while continuing unspecified analgesic, antiinflammatory, muscle relaxant, and topical drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Pharmaceutical Muscle Rub 10gm (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines page 111, 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 compounds such as the muscle rub in question. The name of the compound in question was not furnished. The attending provider did not outline why this drug was indicated when the applicant was seemingly using multiple other unspecified antiinflammatory, analgesic, and muscle relaxant medications. Therefore, the request is not medically necessary.