

Case Number:	CM14-0040688		
Date Assigned:	06/25/2014	Date of Injury:	02/25/2000
Decision Date:	09/18/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 February 25, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and topical agents. In a Utilization Review Report dated March 25, 2014, the claims administrator denied a request for topical compounded drug. The claims administrator did cite non-MTUS Third Edition ACOEM Guidelines but did not include either the text of said guidelines or incorporate said guidelines into its rationale. The applicant's attorney subsequently appealed. The topical compound in question was apparently issued via a form dated March 10, 2014. No clinical progress notes or rationale was attached to the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Medication Ketop/Lidoc/Cap/Tram(Spray) 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compounded question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider failed to attach any applicant-specific information, narrative commentary, or progress note to the request for authorization so as to try and offset the unfavorable MTUS position. Therefore, the request is not medically necessary.