

Case Number:	CM14-0041740		
Date Assigned:	08/01/2014	Date of Injury:	04/24/2012
Decision Date:	09/09/2014	UR Denial Date:	03/24/2014
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 Physical Medicine & Rehabilitation 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 injured worker is a 58-year-old female who reported an injury on 04/24/2012. The mechanism of injury was not provided. On 05/27/2014, the injured worker presented with constant cervical spine pain radiating to the left hand, increased pain on head turn and arm elevation, and left shoulder and left wrist pain. Upon examination, there was a positive compression test to the cervical spine, decreased range of motion and tenderness to palpation with spasm. The diagnoses were status post cervical fusion, thoracic spine osteophyte rigidity, and lumbar spine osteophyte rigidity. Prior therapy include surgery, injections, and medications. The provider recommended an ophthalmology consultation, neurologist consultation, FlurLido, ultraflex G, and compound creams. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for a neurologist consultation is non-certified. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnoses, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and fitness to return to work. There is no clear rationale to support the consultation. As such, the request is non-certified.

Ophthalmology Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for an ophthalmology consultation is non-certified. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnoses, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and fitness to return to work. There is no clear rationale to support the consultation. As such, the request is non-certified.

Pharmacy purchase of FlurLido-A 30gm: Upheld

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

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

Decision rationale: The request for a purchase of FlurLido-A 30 gm is non-certified. The California MTUS Guidelines state many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptors antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of any of these agents. Additionally, the providers request does not indicate the quantity, frequency, or site that the cream is indicated for in the request as submitted. As such, the request is non-certified.

Pharmacy purchase of UltraFlex-G 30gm: Upheld

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

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

Decision rationale: The request for a purchase of UltraFlex-G 30 gm is non-certified. The California MTUS Guidelines state many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptors antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of any of these agents. Additionally, the providers request does not indicate the quantity, frequency, or site that the cream is indicated for in the request as submitted. As such, the request is non-certified.

Pharmacy purchase of compounded Amitriptyline/Dextromethorphan/Gabapentin (CMC) Cream 20/10/10% cream 240gm: Upheld

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

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

Decision rationale: The request for a purchase of compounded amitriptyline/dextromethorphan/gabapentin (CMC) cream 20/10/10% cream 240 gm is non-certified. The California MTUS Guidelines state many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptors antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of any of these agents. Additionally, the providers request does not indicate the quantity, frequency, or site that the cream is indicated for in the request as submitted. As such, the request is non-certified.

Pharmacy purchase of compounded Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4% cream 240gm: Upheld

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

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

Decision rationale: The request for a purchase of compounded flurbiprofen/tramadol/cyclobenzaprine 20/20/4% cream 240 gm is non-certified. The California MTUS Guidelines state many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptors antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of any of these agents. Additionally, the providers request does not indicate the quantity, frequency, or site that the cream is indicated for in the request as submitted. As such, the request is non-certified.