

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0046029 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 03/19/2013 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 50-year-old man, with type 2 diabetes, who sustained a work-related injury on March 19, 2013. Subsequently, he developed neck, back, and left wrist pain. According to a progress report dated on November 4, 2013, the patient was still having left wrist, neck, and back pain. He had difficulty performing gripping and grasping with the left wrist. He also had difficulty sitting, standing, and walking. On physical examination, there was decreased range of motion and tenderness over the anatomical snuffbox. There was decreased range of motion of the cervical spine and lumbar spine with paravertebral and spasms. The patient was treated with aspirin, Glipizide, and Metformin. He was diagnosed with soft tissue trauma to the cervical spine, lumbar spine, and left wrist (15-25% improvement); scaphoid non-union, and left wrist osteoarthritis. MRI of the cervical spine, performed on December 14, 2013, showed a diffusely abnormal intermediate T1 signal of the clivus, most consistent with a tumor. There is no acute cervical vertebral body compression fracture. There is multilevel chronic mild to moderate loss of central vertebral body heights. There is no acute fracture or suspicious osseous lesion. The craniocervical junction is normal. The cerebellar tonsils are in a normal position. The signal intensity of the cervical spinal cord is probably within normal limits. The provider requested authorization for Compound medication: 240 gram jar fluribiprofen 25%, Diclofenac 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: 240 gram jar fluribiprofen 25%, Diclofenac 10%-apply a thin layer to affected area two times daily.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Diclofenac, which is not recommended by the MTUS Chronic Pain Guidelines as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. As such, the request is not medically necessary and appropriate.