

Case Number:	CM14-0048067		
Date Assigned:	07/09/2014	Date of Injury:	06/01/2011
Decision Date:	09/05/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/16/2014

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 pain reportedly associated with an industrial injury of June 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compound; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. In March 10, 2014 request for authorization form, authorization was sought for a knee arthroscopy with partial medial meniscectomy. On February 10, 2014, the applicant's primary treating provider, a chiropractor, placed the applicant off of work, on total temporary disability. The applicant was described as pending extracorporeal shockwave therapy and a functional capacity evaluation. The applicant did have issues with anxiety and depression, it was noted. On February 3, 2014, it was acknowledged that the applicant had not worked since June 22, 2013 and was receiving indemnity benefits. The applicant presented with ongoing complaints of knee and elbow pain, it was noted. Authorization for the knee arthroscopy and topical Lidoderm patches was sought. The applicant's medication list was not furnished on this occasion. The remainder of the file was surveyed. There was no rationale furnished for Celexa or ongoing usage of the topical compound in question. In a progress note dated February 3, 2014, it was acknowledged that the applicant was using insulin and a variety of oral medications for diabetes, pain, and hypertension. Topical compounds in question were sought via a request for authorization dated February 28, 2014, at which point the applicant was also described using Protonix, Motrin, Tramadol, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines 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, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Motrin and Tramadol, effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compound such as the Flurbiprofen-containing agent in question. Therefore, the request of Flurbiprofen 20% is not medically necessary and appropriate.

Gabapentin 10%: 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 topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is specifically not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Gabapentin 10% is not medically necessary and appropriate.