

Case Number:	CM14-0065369		
Date Assigned:	07/11/2014	Date of Injury:	06/04/2012
Decision Date:	09/12/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/08/2014

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, neck pain, low back pain, and wrist pain reportedly associated with an industrial injury of June 4, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; unspecified amounts of physical therapy; a pillow; a topical compounded medication and extensive periods of time off of work. In a Utilization Review Report dated April 17, 2014, the claims administrator denied a request for a topical compounded medication. The claims administrator stated that the topical compound in question was an "N" formulary article and should therefore be denied. The claims administrator mislabeled the "N" formulary article as originating from the MTUS/ACOEM. The applicant's attorney subsequently appealed. In an April 9, 2014 progress note, the applicant reported multifocal neck, bilateral shoulder, wrist, and low back pain with associated upper and lower extremity paresthesias. The applicant was placed off of work, on total temporary disability. Acupuncture was endorsed. The topical compounded FCMC-ketoprofen cream was also endorsed via a handwritten request for authorization form dated April 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION COMPOUND CREAM FCMC/KETO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC.

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, one of the ingredients in the cream in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider has not, furthermore, clearly outlined why first-line oral pharmaceuticals cannot be employed here. Therefore, the request is not medically necessary.