

Case Number:	CM14-0066495		
Date Assigned:	07/16/2014	Date of Injury:	09/12/2007
Decision Date:	09/18/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 September 12, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; unspecified amounts of physical therapy over the life of the claim; 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 April 11, 2014, the claims administrator denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. In a progress note dated March 20, 2014, the applicant was placed off of work, on total temporary disability. Prescriptions for Tylenol No. 4, Prilosec, and unspecified topical compounds were issued. The applicant's operating diagnosis was chronic low back pain. On January 23, 2014, the applicant was again placed off of work, on total temporary disability. Epidural steroid injection therapy was pending, it was stated. The applicant was given several topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flubiprofen 20% 240 gm: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purpose. Since one or more ingredients in the topical compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Capsaicin 0.025%, Flubiprofen 15%, Mentol 2%, Camphor 2% 240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is considered a last-line agent, to be employed only in applicants who have not responded to and/or are intolerant of other treatment. In this case, the applicant's ongoing usage of a first-line oral pharmaceutical, oral Tylenol No. 4, effectively obviates the need for the capsaicin-containing compound. Therefore, the request is not medically necessary.