

Case Number:	CM14-0073164		
Date Assigned:	07/16/2014	Date of Injury:	12/08/2011
Decision Date:	09/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/20/2014

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 knee pain reportedly associated with an industrial injury of December 18, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and various topical compounded drugs. In a Utilization Review Report dated May 16, 2014, the claims administrator denied a request for several topical compounded agents. The applicant's attorney subsequently appealed. The topical compounds in question were endorsed via a prescription form dated April 7, 2014. No clinical progress notes or applicant-specific rationale was attached to the same. Similarly, the same topical compounds in question were also endorsed on a February 17, 2014 prescription form/request for authorization form, without any associated progress notes or applicant-specific rationale. In a medical-legal evaluation dated January 28, 2014, the applicant was described as using a variety of medications for hypertension and blood pressure, including triamterene, hydrochlorothiazide, and metformin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 20%, three times per day, 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Capsasin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% three times per day, 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, capsaicin, the primary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant to other treatments. In this case, there is no clearly stated evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of the capsaicin-containing topical compound in question. No clinical progress notes or applicant-specific information was attached to the prescription form/request for authorization form in question. Therefore, the request was not medically necessary.