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| Case Number: | CM14-0083515 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 09/20/1988 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/05/2014 |

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 New York and North Carolina. 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:

This 67 year old former crossing guard claims injury 9/20/1988, and is diagnosed with rheumatoid arthritis. She also has fibromyalgia. She is requesting an appeal of the 5/22/14 denial of two compounded substances. She is s/p knee arthroplasty. She states that on 4/25/07, she was holding a stop sign that was caught in the wind, jarring her torso. She has neck and shoulder pain. She has many medical problems, including cardiovascular and renal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Tramadol HCL powder 4.5/Dextromethorphan HBR powder3/Capsaicin powder.010/PCCA lipoderm Base 20.9 DOS 3/4/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Any compounded product that contains at least one drug (or drug class) that is not recommended. Conversely, compounded substance must be composed of only approved medications. Evidence is limited for the effectiveness of most topical medications. Neither

Tramadol nor Dextromethorphan are approved topical preparations, hence this compound is not medically necessary.

Retrospective request: Flurbiprofen Powder 7.5/Menthol Levo Crystals 1.5L/Lidocaine Powder 1.5/PCCA lipoderm base 19.1 DOS 3/4/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Any compounded product that contains at least one drug (or drug class) that is not recommended. Conversely, compounded substance must be composed of only approved medications. Evidence is limited for the effectiveness of most topical medications. Flurbiprofen, topical lidocaine (non patch) and Menthol are not approved topical preparations; hence this compound is not medically necessary.