

Case Number:	CM14-0083614		
Date Assigned:	07/21/2014	Date of Injury:	05/05/2010
Decision Date:	09/26/2014	UR Denial Date:	05/06/2014
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 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, bilateral knee, and neck pain reportedly associated with an industrial injury of May 5, 2010. Thus far, the applicant has been treated with analgesic medications; attorney representation; earlier lumbar spine surgery; extracorporeal shock wave therapy; and topical compounded drugs. In a Utilization Review Report dated May 6, 2014, the claims administrator denied several topical compounded agents. The applicant's attorney subsequently appealed. On October 2, 2013, the applicant was asked to pursue epidural steroid injections. The applicant reported neck, low back, and bilateral shoulder pain. Physical therapy, Prilosec, Cymbalta, Lyrica, and oral ketoprofen were endorsed. The applicant's work status was not furnished. On March 19, 2014, the applicant was reportedly using Norco, Lyrica, Prilosec, Flector, Celebrex, and topical compounds. The applicant was attending acupuncture, it was further noted. Celebrex, Flector, a Flurbiprofen-containing compound, a capsaicin-containing topical compound, and several other topical drugs were endorsed. The applicant's work status, again, was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent Cream 120 G: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics 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 Norco, Lyrica, Celebrex, Cymbalta, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical analgesics and topical compounds such as the flurbiprofen-containing cream at issue here. Therefore, the request is not medically necessary.

Ketoprofen 20 Percent + Ketamine 10 Percent Cream 120 G: 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 Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound in question, is 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 is not medically necessary.

Gabapentin 10 Percent + Cyclobenzaprine 10 Percent With 0.375 Percent Capsaicin Cream 120 G: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound in question, is not recommended for topical 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 is not medically necessary.

Flector 1.3 Percent Patch Q12 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

Decision rationale: Flector is a derivative of diclofenac/Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, diclofenac/Voltaren (and by implication Flector) have not been evaluated for treatment of the spine, hip, and/or shoulder. In this case, the applicant's primary pain generators are, in fact, the lumbar and cervical spines, the body parts for which Flector/diclofenac/Voltaren have not been evaluated. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Lyrica, Celebrex, Cymbalta, effectively obviates the need for the Flector patches at issued. Therefore, the request is not medically necessary.