

Case Number:	CM14-0084582		
Date Assigned:	07/21/2014	Date of Injury:	08/23/2010
Decision Date:	12/04/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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 low back, knee, and leg pain reportedly associated with cumulative trauma at work between the dates August 23, 2010 through April 11, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; a knee brace; a back brace; and several weeks off of work. In a Utilization Review Report dated May 6, 2014, the claims administrator denied a request for a topical compounded lotion. The applicant's attorney subsequently appealed. The topical compounded medication at issue was endorsed via a Doctor's First Report (DFR) dated April 17, 2014. On that date, the applicant reported ongoing complaints of low back, bilateral hand, and bilateral knee pain, ranging from 5-8/10. A motorized cold therapy device, back brace, knee brace, functional capacity evaluation, interferential stimulator, chiropractic manipulative therapy, and topical compounded medications were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Ketoprofen/Cyclobenzaprine/Lidocaine 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Topical analgesics

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications, such as the article at issue are deemed "not recommended." In this case, the attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. No rationale for provision of topical analgesics in lieu of what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals were furnished by the attending provider. Therefore, the request was not medically necessary. Since the request in question was initiated on the applicant's first office visit with the requesting provider and since there was no clear record of the applicant's having had prior treatment elsewhere, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines.