

Case Number:	CM14-0087757		
Date Assigned:	07/23/2014	Date of Injury:	12/03/2013
Decision Date:	09/26/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/11/2014

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 December 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and topical compounds. In a Utilization Review Report dated May 14, 2014, the claims administrator denied a request for two topical compounded drugs. The applicant's attorney subsequently appealed. In a June 25, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant stated that she was continuing to work. The applicant was using topical applications of heat and cold. The applicant's medication list was not discussed. In an earlier note dated May 22, 2014, the applicant was given a prescription for oral naproxen and again returned to regular duty work while physical therapy was endorsed. Several of the topical drugs at issue, including the Keratek gel and flurbiprofen-cyclobenzaprine cream were endorsed on May 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel: 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: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental," to be employed for neuropathic pain when trials of antidepressants and/or anticonvulsants have failed. In this case, however, there is no evidence that the applicant had in fact tried and/or failed antidepressants and/or anticonvulsants for neuropathic pain before consideration was given to the Keratek gel. No rationale for selection and/or ongoing usage of this particular agent was proffered by the attending provider. It is further noted that the applicant's seemingly successful usage of first-line oral naproxen effectively obviates the need for the topical drug in question. Therefore, the request for Kera-Tek Gel is not medically necessary or appropriate.

Compounded topical medication Flurbiprofen/Cyclobenzaprine/Menthol Cream, 180 grams: 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): 111-113.

Decision rationale: According to the 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 are not recommended, the entire compound is not recommended, according to the Chronic Pain Medical Treatment Guidelines. Therefore, the request for Compounded topical medication Flurbiprofen/Cyclobenzaprine/Menthol Cream, 180 grams, is not medically necessary or appropriate.