MAXIMUS Federal Services

Case Number:	CM14-0088094		
Date Assigned:	07/23/2014	Date of Injury:	01/27/2013
Decision Date:	09/11/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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, has a subspecialty in Preventive 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 ankle pain, shoulder pain, foot pain, and bilateral wrist pain reportedly associated with an industrial injury of January 27, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; unspecified amounts of acupuncture, physical therapy, and manipulative therapy; and extensive periods of time off of work.In a Utilization Review Report dated May 29, 2014, the claims administrator denied a request for several topical compounded drugs.The applicant's attorney subsequently appealed.Several of the topical compounds were endorsed on a request for authorization form dated February 18, 2014. In a doctor's first report of February 14, 2014, the applicant presented with multifocal wrist, hand, and bilateral shoulder pain. The topical compounds in question were endorsed, along with acupuncture, physical therapy, and manipulative therapy. The applicant was placed off of work, on total temporary disability. The note was sparse, handwritten, difficult to follow, and did not furnish any commentary as to why the topical compounds in question were selected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Menthol/10/0.025/2/1% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Capsaicin Page(s): 111; 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is not recommended, except as a last-line agent, in applicants who have not responded to and/or are intolerant to other treatments. In this case, the attending provider did not outline the presence of any intolerance to and/or failure of first-line oral pharmaceuticals, arguing against the need for the capsaicin component in the compound. Since one component in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, one of the primary ingredients in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.