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| Case Number: | CM14-0106770 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 12/17/2004 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 07/10/2014 |

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:

This is a 76-year-old male with a 12/17/14 date of injury. He was seen on 5/13/14 with complaints of right-sided neck pain with radiation to the right shoulder area, 7-8/10. Exam findings revealed decreased range of motion of the C-spine with paraspinal spasm and tenderness mostly on the right, and positive facet loading. No neurological deficits were described. The recommendation was for a compound cream to be applied over the C-spine for pain relief. The diagnosis is cervical sprain and strain, and rule out facet arthropathy. Facet blocks at C4/C5 and C5/C6 were certified. Treatment to date: PT, HEP, medications, cervical epidural injections (3/20/13), and facet blocks. The UR decision dated 6/9/14 denied the request as this topical compound contains products not supported per MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compounds to include Fluorobipufen, Camphor, Menthol, and Capsaicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 4/10/14), Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen is not recommended per MTUS guidelines. In addition, there is a lack of documentation as to why the patient requires a compound cream for pain control as opposed to oral medications. Therefore, the request for topical compounds to include Fluorobiprofen, Camphor, Menthol, and Capsaicin is not medically necessary.