

Case Number:	CM14-0012940		
Date Assigned:	02/24/2014	Date of Injury:	02/11/2013
Decision Date:	01/02/2015	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/31/2014

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 shoulder, wrist, and elbow pain reportedly associated with an industrial injury of February 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; topical compounds; and unspecified amounts of extracorporeal shockwave therapy. In a Utilization Review Report dated January 7, 2014, the claims administrator failed to approve a request for several topical compounds. The claims administrator stated that its decision was based on a December 9, 2013 progress note. In a December 13, 2013 progress note, the applicant reported ongoing complaints of low back, bilateral wrist, and right elbow pain. It was stated that the applicant had alleged multifocal pain complaints secondary to cumulative trauma at work. Multiple dietary supplements, topical compounds, and oral suspensions were endorsed, including Deprizine, Dicopanol, Tabradol, cyclophene, and a ketoprofen-containing topical compound, in conjunction with wrist bracing, physical therapy, manipulative therapy, and extracorporeal shockwave therapy. The applicant's work status was not furnished on this occasion. On December 9, 2013, the applicant again reported 8/10 multifocal wrist, shoulder, neck, and low back pain. Physical therapy, manipulative therapy, and various topical compounded medications, dietary supplements, and oral suspensions were issued, including several of the agents at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medications: Ketoprofen 20% in PLO gel, 120 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic 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, 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 was not medically necessary.

Cyclophene 5%in PLO gel, 120 grams: Upheld

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

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

Decision rationale: While the exact ingredients and compositions of the compound at issue are not readily available or readily discernible, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines does note that topical analgesics and topical compounds such as cyclophene, as a class, are deemed "largely experimental." In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals prior to introduction of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental cyclophene compound at issue. Therefore, the request was not medically necessary.