

Case Number:	CM14-0186602		
Date Assigned:	11/14/2014	Date of Injury:	03/05/1999
Decision Date:	01/05/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/10/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hand, finger, and arm pain reportedly associated with an industrial injury of March 5, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; epidural steroid injection therapy; opioid therapy; and topical compounds. In a Utilization Review Report dated October 21, 2014, the claims administrator denied several topical compounded medications. The applicant's attorney subsequently appealed. The applicant was using Duragesic, Vicodin, and Celebrex as of an office visit of July 11, 2006, it is incidentally noted. In an August 11, 2014 progress note, the attending provider noted that the applicant was using Duragesic, Soma, and Norco. The attending provider stated that he was adding topical compounded creams on the grounds that several of the applicant's oral medications had reportedly been denied per the Utilization Review process. On July 14, 2014, the applicant was apparently using Cymbalta as an adjuvant medication for pain relief. Norco, Soma, Celebrex, topical compounded medications, and urine drug testing were endorsed. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream: Flurbiprofen 20%, Lidocaine 5% 4gm: 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 Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the Flurbiprofen-Lidocaine containing compound at issue are deemed "largely experimental." In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, Celebrex, Cymbalta, etc., effectively obviates the need for the largely experimental topical compounded medication at issue. Therefore, the request was not medically necessary.

Cyclobenzaprine 10%, Lidocaine 2% 4gm: 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 Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS 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, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.