

Case Number:	CM14-0187405		
Date Assigned:	11/17/2014	Date of Injury:	04/03/2014
Decision Date:	01/21/2015	UR Denial Date:	10/06/2014
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 hand, wrist, and finger pain reportedly associated with an industrial laceration injury of April 3, 2014. In a Utilization Review Report dated October 6, 2014, the claims administrator failed to approve a request for a topical compounded flurbiprofen containing drug. The claims administrator stated that its decision was based on a September 17, 2014 progress note at which point it was suggested that the applicant was using oral pharmaceuticals which included Motrin and Neurontin. The applicant's attorney subsequently appealed. In an October 15, 2014 progress note, the applicant reported 7/10 left fourth digit pain, exacerbated by gripping, grasping, and lifting. The applicant was given prescriptions for Neurontin and Protonix. The applicant's work status was not clearly outlined. On September 9, 2014, the applicant was given a 30-pound lifting limitation. 8/10 hand and wrist pain was noted status post earlier finger surgery. Acupuncture and physical therapy were sought. Medication selection and medication efficacy were not incorporated into this particular progress note. On September 17, 2014, the applicant again reported 8/10 hand and finger pain. Neurontin, Motrin, and omeprazole were endorsed, along with a topical compounded gabapentin containing cream as well as a topical compounded flurbiprofen containing cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Flurbiprofen 20%/Tramadol 20% in Mexiderm Base #210 grams: Upheld

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

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

Decision rationale: 1. No, the topical flurbiprofen-tramadol compound was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing, concomitant usage of multiple first-line oral pharmaceuticals, including Motrin, Neurontin, etc., effectively obviated the need for the largely experimental topical compounded agent. Therefore, the request is not medically necessary.