

Case Number:	CM14-0187752		
Date Assigned:	11/18/2014	Date of Injury:	07/31/2010
Decision Date:	01/07/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/11/2014

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 pain reportedly associated with an industrial injury of July 31, 2010. The applicant has been treated with the following: Analgesic medications; topical compounds; 8 trigger finger release surgeries; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated October 20, 2014, the claims administrator denied a request for several topical compounded medications. The claims administrator stated that its decision was based on a progress note and associated RFA form of September 17, 2014. The applicant's attorney subsequently appealed. On September 17, 2014, the applicant presented with ongoing complaints of shoulder, hand, and finger pain. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. Urine drug testing was performed. The applicant was apparently given a shoulder corticosteroid injection. 4-9/10 pain complaints were noted. Additional physical therapy, Naprosyn, and Prilosec were apparently prescribed. Oral tramadol was endorsed on an order form of September 17, 2014, as was topical Mentherm. Several topical compounded drugs were apparently endorsed on this date as well. In an earlier note dated July 11, 2014, the applicant was placed off work, on total temporary disability while Naprosyn, Prilosec, and unspecified topical compounded medications were dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Fluriflex 180/240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

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

Decision rationale: One of the ingredients in the compound is Flexeril, a muscle relaxant. However, page 113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines stipulates that muscle relaxants such as Flexeril are 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.

TGHot 180/240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

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

Decision rationale: One of the ingredients in the compound is gabapentin. However, page 113 of the California MTUS Chronic Pain Medical Treatment Guidelines notes that gabapentin 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. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Naprosyn, tramadol, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deemed to be largely experimental topical compounded drug at issue. Therefore, the request was not medically necessary.