MAXIMUS Federal Services

Case Number:	CM14-0191302		
Date Assigned:	11/25/2014	Date of Injury:	11/01/2012
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 and myofascial pain syndrome reportedly associated with an industrial injury of November 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; topical compounded drugs; and extensive periods of time off of work. In a Utilization Review Report dated October 27, 2014, the claims administrator failed to approve a request for a topical compounded baclofen-containing agent. The claims administrator stated that its decision was based on an RFA form dated October 28, 2014 and associated progress notes on September 26, 2014 and August 25, 2014. The applicant's attorney subsequently appealed. In a handwritten note dated October 28, 2014, the applicant reported 2/10 shoulder pain. The applicant was placed off of work, on total temporary disability, following earlier failed shoulder surgery. The note was sparse, handwritten, difficult to follow, not entirely legible, and did not incorporate any discussion of medication selection or medication efficacy. On September 26, 2014, the applicant was again placed off of work, on total temporary disability. On August 25, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of shoulder pain. Chiropractic manipulative therapy was sought. Again, medication selection and medication efficacy were not incorporated into the handwritten, difficult to follow, largely illegible progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen/Cyclobenzaprine/Flurbiprofen/Gabapentin/Lidoderm 120 gm apply 3-4 times a day, two refills: Upheld

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

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, baclofen, the primary ingredient in the compound at issue is not recommended for topical compound formulation purposes. Similarly, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that gabapentin, another ingredient in the compound at issue, is likewise 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. The attending provider did not, furthermore, incorporate any discussion of medication selection into any of his handwritten progress notes. It was not clearly stated why what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded drug at issue was endorsed in favor of first-line oral pharmaceuticals. Therefore, the request was not medically necessary.