MAXIMUS Federal Services

Case Number:	CM14-0099322		
Date Assigned:	09/16/2014	Date of Injury:	02/16/2014
Decision Date:	01/30/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 neck, mid back, shoulder, and chest wall pain reportedly associated with an industrial injury of February 16, 2014.In a Utilization Review Report dated June 18, 2014, the claims administrator denied request for several topical compounded medications dispensed on March 19, 2014. Despite the fact that this was not a chronic pain case as of the date of service, March 19, 2014, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines.The applicant's attorney subsequently appealed.On July 18, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, mid back, shoulder, and chest wall pain. Physical therapy and a pain management consultation were sought. Medication selection and medication efficiency were not detailed.In a handwritten note dated May 15, 2014, the applicant was given prescriptions for oral cyclobenzaprine, oral naproxen, Norco, Prilosec, and Menthoderm.On March 12, 2014, the applicant was given several topical compounded agents, including the article at issue, along with prescriptions for naproxen, Flexeril, Norco, and Prilosec owing to multifocal complaints of neck, shoulder, and chest wall pain with associated depression, anxiety, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 4%. Flurbirprofen 20%, Tramadol HCL 20%, Mediderm Cream Base: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the cyclobenzaprine containing compound at issue are deemed "not recommended." It is further noted that the applicant's concomitant provision with multiple first-line oral pharmaceuticals, including naproxen, Norco, Flexeril, etc., effectively obviated the need for the topical agent at issue. Therefore, the request is not medically necessary.

Gabapentin 10%, Amitriptyline HCL 10%, Dextromethorphan Powder 10%, Mediderm Cream Base: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49; 47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the compound at issue are deemed "not recommended." In this case, it is further noted that the applicant's concomitant provision with what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals such as naproxen, Norco, Flexeril, etc., effectively obviated the need for the topical compounded gabapentin containing agent at issue. Therefore, the request is not medically necessary.