

Case Number:	CM15-0100979		
Date Assigned:	06/03/2015	Date of Injury:	01/30/2014
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60-year-old who has filed a claim for chronic knee, shoulder, and groin pain reportedly associated with an industrial injury of January 30, 2014. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve requests for two separate topical compounded medications. A RFA form received on April 21, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated May 12, 2015, difficult to follow, handwritten, not entirely legible, the applicant was placed off work, on total temporary disability, for six weeks, owing to multifocal complaints of knee, groin, shoulder, and low back pain status post earlier failed shoulder surgery. Medication selection and medication efficacy were not seemingly discussed. On April 14, 2015, the applicant was given several topical compounded medications and kept off work, on total temporary disability. On March 17, 2015, the applicant was, once again, given several topical compounded medications as well as oral Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 10%, Cyclo 10%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the Ultram-cyclobenzaprine containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the primary ingredient in the compound, 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. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Norco effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.

Flurbi/Cap/Camp/Menthol cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: Similarly, the request for a flurbiprofen-capsaicin-camphor-menthol topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin, the secondary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of first-line oral pharmaceuticals such as Norco effectively obviated the need for the capsaicin-containing topical compound at issue. Therefore, the request was not medically necessary.