MAXIMUS Federal Services

Case Number:	CM15-0136017		
Date Assigned:	08/21/2015	Date of Injury:	07/15/2000
Decision Date:	09/29/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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 [redacted] beneficiary who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of July 15, 2000. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve requests for several topical compounded creams. A May 20, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On June 29, 2015, the applicant reported multifocal complaints of low back, neck, and wrist pain. Paxil, Flexeril, Prilosec, tramadol, Norco, Ambien, Ativan, a TENS unit, and the topical compounded agents in question were endorsed while the applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream 15gm and 60 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a flurbiprofen-menthol-camphor-capsaicin-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin, i.e., the quaternary ingredient in the compound, is recommended only as an option in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of numerous first-line oral pharmaceuticals including Norco, tramadol, Flexeril, etc., per a June 19, 2015 progress note, effectively obviated the need for the capsaicin component of the compound. Since the capsaicin component of the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

1 prescription of Cyclobenzaprine 10%/Tramadol 10%/topical cream 15gm and 60gm: Upheld

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

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

Decision rationale: Similarly, the request for a cyclobenzaprine-tramadol-containing topical compounded cream was likewise 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 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.