MAXIMUS Federal Services

Case Number:	CM15-0136242		
Date Assigned:	07/24/2015	Date of Injury:	02/28/2013
Decision Date:	08/25/2015	UR Denial Date:	06/12/2015
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 35-year-old who has filed a claim for chronic knee, shoulder, and low back pain reportedly associated with an industrial injury of February 26, 2013. In a utilization review report dated June 3, 2015, the claims administrator failed to approve a request for a topical compounded medication. The claims administrator referenced an April 30, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant's prescriptions were Tylenol with Codeine, Voltaren Gel, Prilosec, and various dietary supplements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20 in 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version) Salicylate topicals http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351 0400/ab_378_bill_20110908_amended_sen.v94.html.

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

Decision rationale: No, the request for a Flurbiprofen-Baclofen-dexamethasone-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, Baclofen, the secondary ingredient in the compound, 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. The applicant's concomitant usage of oral pharmaceuticals such as Tylenol with Codeine, furthermore, effectively obviated the need for page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the agent in question. Therefore, the request was not medically necessary.