

Case Number:	CM15-0181495		
Date Assigned:	09/30/2015	Date of Injury:	11/10/2014
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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 shoulder, neck, low back, and wrist pain reportedly associated with an industrial injury of November 10, 2014. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve a request for a topical-compounded agent. The claims administrator referenced an RFA form and an associated progress note of July 31, 2015 in its determination. The applicant's attorney subsequently appealed. On July 31, 2015, the applicant was placed off of work, on total temporary disability. Physical therapy, extracorporeal shockwave therapy, a functional capacity evaluation, dietary supplements, and topical compounds were endorsed to ameliorate multifocal complaints of wrist, elbow, shoulder, neck, and back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic acid 0.2% in cream base 240grams: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for a flurbiprofen-baclofen containing topical compound is not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's July 31, 2015 progress note, furthermore, failed to outline why what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers "largely experimental" topical compound such as the agent in question were employed in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals. Therefore, the request is not medically necessary.