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| Case Number: | CM15-0186104 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 12/11/2001 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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 46-year-old who has filed a claim for chronic low back, shoulder, and knee pain reportedly associated with an industrial injury of December 11, 2001. 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 a May 15, 2015 RFA form and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On May 15, 2015, the applicant reported ongoing complaints of shoulder, knee, hand, and wrist pain, 6-7/10. The applicant was not working, it was acknowledged. MRI imaging of the knee and the topical compound in question were endorsed while the applicant was placed off of work, on total temporary disability. The applicant was given a knee corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 20 Percent Baclofen 10 Percent Dexta 2 Percent Menthol 2 Percent Camphor 2 Percent Capsaicin 0.037 Percent #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 was 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 were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not, furthermore, clearly state why what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals could not be employed in favor of what 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.