MAXIMUS Federal Services

Case Number:	CM15-0187705		
Date Assigned:	09/29/2015	Date of Injury:	01/19/2007
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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 pain (LBP) reportedly associated with an industrial injury of January 19, 2007. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for several topical compounded agents. The claims administrator referenced an August 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 8, 2015, the applicant presented reporting ongoing issues with chronic low back pain, 8/10, with derivative complaints of psychological stress, depression, anxiety and GI distress. The applicant was not working, it was acknowledged. The applicant was apparently given prescriptions for Norco, Naprosyn, and the topical compounded agent in question. The applicant had undergone earlier failed lumbar spine surgery, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi-menthol-caps-camphor cream with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for a flurbiprofen-menthol-capsaicin-camphor-containing 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 tertiary ingredient in the compound, is recommended only as a last-line option, for 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 to include Norco and Naprosyn effectively obviated the need for the capsaicin component of the amalgam. In a similar vein, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines states that there is little evidence to utilize topical NSAIDs for treatment of the spine, hip, and/or shoulder pain. Here, however, the applicant's primary pain generator was, in fact, the lumbar spine, a body part for which there is little evidence to utilize topical NSAIDs, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. 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. Therefore, the request was not medically necessary.

Cyclo/Ultram cream with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Similarly, the request for a cyclobenzaprine-ultram cream was likewise not medically necessary, medically appropriate, or medically 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 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.