

Case Number:	CM15-0196032		
Date Assigned:	10/14/2015	Date of Injury:	12/16/2003
Decision Date:	12/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/05/2015

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 69-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of December 16, 2003. In a Utilization Review report dated August 29, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced claim form/bill dated August 17, 2015. On a bill dated March 17, 2015, retrospective authorization for several topical compounds was sought. On bills dated May 5, 2015, April 8, 2015 and August 17, 2015, retrospective authorization for the topical compound at issue were again sought, seemingly without any supporting rationale or progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen Powder/Cyclobenzaprine Powder/ Lidocaine Powder/ Alba-Derm Cream, QTY: 60, Days Supply: 30, Rx Date: 08/172015: Upheld

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

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-cyclobenzaprine-lidocaine 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, muscle relaxants such as cyclobenzaprine, i.e., the secondary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compounds was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. No clinical progress notes were seemingly attached to the RFA form. It was not stated 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 considers largely experimental topical compounds such as the agent in the question. Therefore, the request is not medically necessary.