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| Case Number: | CM15-0208825 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 01/08/2013 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 10/15/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

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 8, 2013. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for topical compounded agents. The claims administrator referenced a July 10, 2014 date of service in the determination. On June 12, 2014, Norco, naproxen, Soma, and an epidural steroid injection were sought. The attending provider acknowledged that the applicant was not working and was unable to lift, walk, or do chores. There was no seeming mention of the topical compounded agent in question. On July 3, 2014, the applicant was given prescriptions for Percocet, Soma, Motrin, and a back brace. Ongoing complaints of low back pain were reported. The applicant again stated that he was unable to work. On April 10, 2014, Norco, Soma, naproxen, and epidural steroid injection were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compound medications Flurbiprofen/Lidocaine cream (DOS: 07/11/14): Upheld

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

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

Decision rationale: No, the request for a topical compounded flurbiprofen-lidocaine-containing agent was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator was the lumbar spine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is "little evidence" to utilize topical NSAIDs such as flurbiprofen, i.e., the primary ingredient in the compound, for the spine. 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.

Retrospective request for compound medications Flurbiprofen/Diclofenac/Tramadol cream (DOS: 07/11/14): 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: Similarly, the request for a flurbiprofen-diclofenac-tramadol-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac, i.e., the secondary ingredient in the compound, has "not been evaluated" for treatment of the spine, i.e., the primary pain generator here. 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 applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Norco and naproxen, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers the "largely experimental" topical compounded agent at issue. Therefore, the request was not medically necessary.