

Case Number:	CM15-0020978		
Date Assigned:	02/10/2015	Date of Injury:	06/05/2008
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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, Ohio, 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 51-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 5, 2008. In a Utilization Review Report dated January 26, 2015, the claims administrator failed to approve a request for several topical compounded medications. The claims administrator referenced an RFA form received on December 22, 2014, its determination. The applicant's attorney subsequently appealed. On September 20, 2012, the applicant was placed off of work, on total temporary disability while on Naprosyn, Norco, several dietary supplements, several topical compounds, and acupuncture were endorsed owing to multifocal complaints of low back and right shoulder pain with ancillary complaints of depression, anxiety, and insomnia. The applicant was previously discharged using Vicodin and Soma as of August 17, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen/Capsaicin/Menthol/Camphor, provided on date of service: 11/7/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792..

Decision rationale: No, the flurbiprofen-capsaicin-menthol-camphor topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as flurbiprofen are recommended only in the treatment of small joints arthritis or tenositis in regions or areas, which are amenable to topical application, such as the knees or elbows. Here, the applicant's primary pain generators of low back and shoulder pain represent widespread regions, which are not readily amenable to topical application. Since the flurbiprofen component in the amalgam was not recommended, the entire amalgam is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Retrospective request for Ketoprofen/Cyclobenzaprine, provided on date of service: 11/7/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792..

Decision rationale: 2. Similarly, the ketoprofen-cyclobenzaprine 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, ketoprofen, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Retrospective request for Medrox patch, provided on date of service: 11/7/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792..

Decision rationale: 3. Finally, the request for topical Medrox was not medically necessary, medically appropriate, or indicated here. Medrox is a capsaicin-containing topical compound. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended, as a last line agent, for applicants who have not responded to or are intolerant of other treatments. Here, the applicant's ongoing usage of first line oral pharmaceuticals, including Vicodin, effectively obviated the need for the capsaicin-containing Medrox compound at issue. Therefore, the request is not medically necessary.

