

Case Number:	CM15-0029793		
Date Assigned:	02/23/2015	Date of Injury:	04/30/2014
Decision Date:	04/08/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/17/2015

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 low back pain, neck pain, hip pain, and anxiety reportedly associated with an industrial injury of April 30, 2014. In a Utilization Review Report dated January 16, 2015, the claims administrator apparently retrospectively denied requests for several topical analgesics. The claims administrator referenced a December 15, 2014 progress note in its determination. The claims administrator contended that the applicant had received prescriptions for Norco, Flexeril, diclofenac, tramadol, and Protonix in addition to the topical agents at issue. The applicant's attorney subsequently appealed. However, the only progress note incorporated into the Independent Medical Record was a July 24, 2014 note in which the applicant presented with issues with anxiety and was placed off of work, on total temporary disability. Lexapro was endorsed for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera tek gel #113 40 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: No, the request for Keratek analgesic gel, a topical salicylate, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Keratek are recommended in the chronic pain context seemingly present here, this recommendation was/is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the December 15, 2014 progress note on which the article in question was endorsed was not incorporated into the Independent Medical Record. The applicant's response to previous usage of Keratex gel (if any), work status, functional status, etc., were not detailed. Therefore, the request was not medically necessary.

Flur/Cyclo/Menth cream 20%/10%/4% 180 gm: 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): 111-113.

Decision rationale: Similarly, the request for a flurbiprofen-cyclobenzaprine-menthol cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine, the secondary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of tramadol, Norco, Flexeril, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent at issue. Therefore, the request was not medically necessary.