MAXIMUS Federal Services

Case Number:	CM15-0058406		
Date Assigned:	04/03/2015	Date of Injury:	06/24/2012
Decision Date:	05/06/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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 neck pain reportedly associated with an industrial injury of June 24, 2012.In a Utilization Review report dated March 17, 2015, the claims administrator failed to approve a request for an unspecified topical compounded medication. A RFA form received on March 13, 2015 was referenced in the determination.The applicant's attorney subsequently appealed.On February 4, 2015, the applicant reported ongoing complaints of neck and shoulder pain with associated headaches, 8/10. The applicant was reportedly pending cervical spine surgery, it was suggested. Unspecified medications were refilled under a separate cover.In a prescription order form dated February 24, 2015, the applicant was given refills of tramadol, Flexeril, Prilosec, and Lunesta. There was no mention of the topical compounded agent in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound med: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: No, the unspecified topical compounded medication was not medically necessary, medically appropriate, or indicated here.As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as the compound in question, as a class, are deemed largely experimental. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including fenoprofen, effectively obviated the need for the topical compounded agent in question. It is further noted that the attending provider failed to outline the specific ingredients in the compound in question. Therefore, the request was not medically necessary.