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| Case Number: | CM14-0004794 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 12/02/2012 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 01/10/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of December 2, 2012. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; work hardening; 9% whole person impairment rating; topical agents; and extensive periods of time off of work. In a utilization review report of December 7, 2013, the claims administrator denied a request for topical compounded agent, stating that these medications were not on the formulary and that no deviation from the guidelines was permissible. The patient's attorney subsequently appealed. A September 16, 2013 medical-legal evaluation was notable for comments that the patient apparently alleged pain secondary to pain both owing to a specific injury and owing to cumulative trauma. The patient's complete medication list was not provided, although it was suggested that the patient was using Flexeril, Naprosyn, Percocet, topical Flector patches, and Lidoderm. A handwritten note dated January 9, 2014 was somewhat difficult to follow but was notable for comments that the patient was off of work, on total temporary disability. The patient was described as using a variety of agents, including Naprosyn, Protonix, Effexor, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION-COMPOUND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), 3, Page 47. As well as Chronic Pain Medical Treatment Guidelines, Page 111, Topical Analgesics topic.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the patient is described as using several first-line oral pharmaceuticals, including Percocet, Effexor, Naprosyn, Flexeril, etc., effectively obviating the need for topical agent such as the unspecified compound present here, which are deemed, as a class, "largely experimental" per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, the attending provider has not seemingly furnished any compelling rationale, narrative, or commentary which would offset the unfavorable MTUS recommendations, nor has the attending provider in fact furnished the name and/or ingredients in the compound in question. Therefore, the request is not medically necessary, for all of the stated reasons.