

Case Number:	CM14-0165073		
Date Assigned:	10/10/2014	Date of Injury:	04/12/2013
Decision Date:	11/13/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/07/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 12, 2013. The applicant apparently alleged pain secondary to cumulative trauma at work as opposed to a specific, discrete injury. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for a topical compounded medication. In a January 2, 2014 medical-legal evaluation, it was acknowledged that the applicant was using a variety of oral pharmaceuticals, including Zocor, Zestoretic, metformin, Prilosec, and acyclovir. The medical-legal evaluator did allude to historical progress notes suggesting that the applicant has been given Vicodin, Motrin, and Naprosyn at various points over the course of the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb/Tram Compound 210 Gram: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, furthermore, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the largely experimental flurbiprofen-containing compound at issue. Therefore, the request was not medically necessary.