

Case Number:	CM14-0084901		
Date Assigned:	07/23/2014	Date of Injury:	06/22/2011
Decision Date:	12/12/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/06/2014

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 neck, shoulder, and wrist pain reportedly associated with an industrial injury of June 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated May 21, 2014, the claims administrator retrospectively denied several topical compounded medications dispensed at various points in 2011 and 2012, including an Amitriptyline-Dextromethorphan-Tramadol compound, Capsaicin, Menthol-Camphor-Flurbiprofen compound, and a Flurbiprofen Diclofenac compound. Several of the dates the compounds in question were dispensed on included October 5, 2011, January 4, 2012, April 4, 2012, and September 5, 2012. In a progress note dated April 10, 2014, the applicant was placed off of work, on total temporary disability. Several topical compounded medications, Tramadol, Protonix, and Norco were endorsed. Multifocal complaints of wrist, elbow, neck, and shoulder pain were noted, ranging from 5 to 9/10. In an earlier handwritten note dated December 19, 2013, the applicant reported multifocal complaints of neck, elbow, and shoulder pain. Wrist bracing was endorsed. On May 7, 2014, the applicant was again placed off of work, on total temporary disability on Naprosyn, Tramadol, Protonix, Norco and several topical compounded medications were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION DRUG, GENERIC: 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: Based on the claims administrator description of events, the request in question represents a retrospective request for topical compounded medications. However, as noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds, as a class, are deemed "largely experimental." In this case, it is further noted that the applicant's ongoing usage of multiple first line oral pharmaceuticals, including tramadol, Norco, etc., effectively obviates the need for the largely experimental topical compounds at issue. Therefore, the request is not medically necessary.