MAXIMUS Federal Services

Case Number:	CM14-0096873		
Date Assigned:	07/28/2014	Date of Injury:	04/11/2014
Decision Date:	10/02/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 neck, low back, mid back, and knee pain reportedly associated with an industrial injury of April 11, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for several topical compounded drugs, invoking non-MTUS ODG Guidelines in conjunction with the MTUS Chronic Pain Medical Treatment Guidelines, despite the fact that this was not a chronic pain case as of the date of the Utilization Review Report or as of the date of the request. In an April 28, 2014, progress note, the applicant reported persistent complaints of multifocal low back, upper back, neck, wrist, hand, and digit pain. The applicant had been terminated from employment, it was acknowledged. The applicant subsequently obtained attorney representation. Several oral and topical compounded medications were issued. Physical therapy, manipulative therapy, wrist brace, and a sleep study were all endorsed.Several topical compounded agents were issued, including the capsaicin-containing agent in question. On June 9, 2014, the applicant was again asked to continue manipulative therapy, obtain a sleep study, and employ various unspecified oral medications and topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1of 2) Compound: 240gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Treatment in Workers' Comp, 12th edition, Pain (updated 03/27/14) Compound drugsFDA-approved agents

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 3-1 49.

Decision rationale: As noted in MTUS-Adopted ACOEM Guidelines, "oral pharmaceuticals are a first line palliative method." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first oral pharmaceuticals so as to justify usage of topical medications such as the capsaicin containing topical compound at issue, which is, per ACOEM, "not recommended." Therefore, the request was not medically necessary.