

Case Number:	CM14-0099669		
Date Assigned:	09/23/2014	Date of Injury:	11/17/2011
Decision Date:	10/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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:

There were 191 pages provided for review. This was a request for authorization for a compounded medicine and the urine toxicology screen. The request for independent medical review was signed on June 25, 2014. Per the records provided, the claimant is a 59-year-old woman who was injured in 2011 with an injury to the left upper extremity. There was a left radial head and olecranon fracture. She was status post a radial head replacement and olecranon fixation. She also had a left wrist sprain and a left shoulder subacromial impingement. As of May 2014, there was still pain at the left elbow, left wrist and hand. The medicines were the oral non-steroidal medicine naproxen and the proton pump inhibitor Prilosec. Stomach issues were noted but no other detail was available. She completed physical therapy and had a good increase in the range of motion. She was not currently working. The patient was not currently receiving opioids based on the peer-to-peer. The drug screen was requested just in case the office decided to use them in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Cyclobenzaprine/ Menthol cream 180mg and Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.