MAXIMUS Federal Services

Case Number:	CM14-0214599		
Date Assigned:	01/07/2015	Date of Injury:	07/07/2013
Decision Date:	03/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 low back pain, shoulder pain, and upper extremity pain reportedly associated with an industrial injury of July 17, 2013.In a Utilization Review Report dated November 23, 2014, the claims administrator failed to approve a request for oral Voltaren, failed to approve a request for Flexeril, and denied several topical compounded agents. The claims administrator stated its decision was based on a progress note and RFA form of November 10, 2014, but did not discuss the same in its report.The applicant's attorney subsequently appealed.On November 10, 2014, the applicant was placed off of work, on total temporary disability. The applicant was not working, it was acknowledged, had not worked in some time. The applicant was on Lipitor, Lasix, tramadol, glipizide, Norvasc, Zestril, and insulin, it was acknowledged. The applicant had a longstanding history of diabetes. The applicant had issues with neck pain, shoulder pain, wrist pain, arm pain, low back pain, leg pain, and foot pain. The attending provider suggested that this was the applicant's first office visit with the current treating provider. MRI imaging of the cervical spine, MRI imaging of left shoulder, MRI imaging of lumbar spine, Voltaren, Flexeril, and several topical compounded medications, and physical therapy were endorsed, while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Voltaren do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Here, the attending provider seemingly initiated a request for Voltaren for the first time on or around the date in question, November 10, 2014. Therefore, the first time request for Voltaren was medically necessary.

Flexeril 10MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was using a variety of oral and topical medications on or around the date of Flexeril was requested, on November 10, 2014. Addition of cyclobenzaprine or Flexeril to the mix was not indicated. It is further noted that the 90-tablet supply of Flexeril (cyclobenzaprine) at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Flexeril was not medically necessary.

Flurbiprofen 20% cream 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDs Page(s): 111, 112.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic topical compounds, as a class, are deemed "largely experimental." Topical NSAIDs such as flurbiprofen, furthermore, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines are recommended only in the treatment of small joint arthritis and/or tendonitis in regions which are amenable to topical applications such as hands, wrist,

and/or fingers. Here, the applicant has multiple, widespread pain generators, including the low back, an area unlikely to be amenbale to topical appplication. Topical NSAIDs were not, thus, indicated here. Therefore, the request for Flurbiprofen 20% cream 120gm was not medically necessary.

Ketoprofen 20% = Ketamine 10% cream 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Ketoprofen 20% = Ketamine 10% cream 120gm was not medically necessary.

Gabapentin 10% Cyclobenzaprine 10% with .375% Capsaicin cream 120gm, twice a day-3 times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first line oral pharmaceuticals such as Voltaren effectively obviated the need for the largely experimental topical compound agent at issue. Therefore, the request for Gabapentin 10% Cyclobenzaprine 10% with .375% Capsaicin cream 120gm was not medically necessary.