

Case Number:	CM14-0052779		
Date Assigned:	07/07/2014	Date of Injury:	12/05/2003
Decision Date:	03/13/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 42-year-old female who reported an injury on 12/05/2003. The mechanism of injury involved a fall. The current diagnosis is major depression with psychotic features. The injured worker presented on 02/14/2014, with complaints of suicidal ideation, depression, and psychosis. The injured worker also reported multiple medical issues, including fibromyalgia, arthritis, and a recent bout of acute pancreatitis. Upon examination, there was an anxious and depressed affect, positive auditory and visual hallucinations, and positive paranoid thoughts. Concentration was severely impaired. Insight and judgment were also impaired. The injured worker continued to endorse suicidal ideations to overdose or cut herself. Recommendations included admission to the acute care psychiatric unit. The injured worker would be started on Cymbalta 90 mg, Risperdal 2 mg, Topamax 25 mg, and trazodone 100 mg. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbl/Lido/Menth/Camp 20/5/5/1% 30 gram between 2/11/2014 and 2/11/2014: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The only FDA-approved topical NSAID is diclofenac. Therefore, the current request for a compounded cream containing flurbiprofen is not medically appropriate. Additionally, lidocaine has not been FDA approved in the formulation of a cream or ointment. As such, the request is not medically appropriate.

Trama/Dextro/Caps 15/10/0.025%, 30 gm b: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Capsaicin in a 0.025% formulation is indicated for osteoarthritis. The injured worker does not maintain a diagnosis of osteoarthritis. There is no frequency listed in the above request. Given the above, the request is not medically appropriate.