

Case Number:	CM15-0115083		
Date Assigned:	06/23/2015	Date of Injury:	01/30/2012
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/15/2015

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, New York, 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] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 30, 2012. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve a request for topical compounded agent while apparently approving request for Norco and Prilosec. An RFA form received on May 18, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On May 24, 2015, Norco, Soma, and Prilosec were endorsed for multifocal complaints of neck, mid-back, low back, and bilateral shoulder pain. The applicant was placed off work on total temporary disability. The applicant was also asked to perform urine drug testing. An H-wave device, physical therapy, electrodiagnostic testing of the upper extremities, MRI imaging of the cervical and thoracic spines, and the topical compounded agent in question were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Baclofen 5%, Lidocaine 4% cream 1850 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: No, the request for a topical compounded flurbiprofen-baclofen-lidocaine compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes, if 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. The applicant's ongoing usage of first-line oral pharmaceuticals, including Norco, furthermore, effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the agent in question. Therefore, the request was not medically necessary.