

Case Number:	CM15-0092690		
Date Assigned:	07/16/2015	Date of Injury:	11/25/2013
Decision Date:	08/13/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/13/2015

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 42-year-old who has filed a claim for chronic elbow pain and depression reportedly associated with an industrial injury of November 25, 2013. In a Utilization Review report dated April 13, 2015, the claims administrator denied a request for a topical compounded cream, approved six sessions of physical therapy, and failed to approve a request for a psychological referral. An RFA form dated April 6, 2015 was referenced in the determination, along with an associated progress note dated March 27, 2015. Somewhat incongruously, the Utilization Review report of April 13, 2015 denied the request for psychological treatment on medical necessity grounds, while a subsequent letter dated April 7, 2015 written by the claims examiner failed to approve the request for psychological treatment on compensability grounds. On January 14, 2015, the applicant reported ongoing complaints of shoulder, elbow, neck, and arm pain. The applicant was given a prescription for Zorvolex. Work restrictions were endorsed. On March 27, 2015, Zorvolex was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5%, 120 grams with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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 flurbiprofen-cyclobenzaprine-lidocaine-containing compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the secondary ingredient in the compound, are 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. The applicant's ongoing usage of first-line oral pharmaceuticals, including Zorvolex, furthermore, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compound such as the agent in question. Therefore, the request was not medically necessary.