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| Case Number: | CM15-0095107 | | |
| Date Assigned: | 05/21/2015 | Date of Injury: | 02/12/2015 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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 wrist and shoulder pain with derivative complaints of anxiety, depression, and insomnia reportedly attributed to an industrial electrocution injury of February 12, 2015. In a Utilization Review report dated May 4, 2015, the claims administrator denied several topical compounded medications apparently prescribed on or around March 13, 2015. Despite the fact that this was not a chronic pain case as of the date in question, the MTUS Chronic Pain Medical Treatment Guidelines were nevertheless invoked. The applicant's attorney subsequently appealed. On May 8, 2015, the applicant was placed off of work, on total temporary disability. Cymbalta, Tylenol No. 3, and Motrin were endorsed. The applicant was asked to consult a neurologist, psychiatrist, and orthopedist. Multifocal complaints of chest wall pain, abdominal pain, mid back pain, and psychological stress were reported. On April 10, 2014, Tylenol No. 3, Motrin, Xanax, and Cymbalta were prescribed while the applicant was placed off of work, on total temporary disability. The attending provider apparently discontinued the applicant's topical compound on this date, it was stated. On March 31, 2015, the applicant underwent a functional capacity testing of some kind. In a RFA form dated March 13, 2015, manipulative therapy, acupuncture, an orthopedic consultation, a neurology consultation, psychological consultation, and electrodiagnostic testing were sought. In an associated prescription form dated March 13, 2015, the applicant was given several topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm (RFA: 3/13/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

Decision rationale: No, the cyclobenzaprine-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the compound in question are deemed "not recommended." It is further noted that the applicant was concurrently given prescriptions for Tylenol No. 3, Motrin, Cymbalta, and Valium on March 13, 2015. The applicant's ongoing usage of what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals effectively obviated the need for the topical compounded agent in question. Therefore, the request was not medically necessary. Since this was not a chronic pain case as of the date in question, March 13, 2015, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm (RFA: 3/13/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

Decision rationale: Similarly, the request for a capsaicin-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the compound in question are deemed "not recommended." It is further noted that the applicant's concurrent provision with what ACOEM Chapter 3 page 47 deems first-line oral pharmaceuticals, including Tylenol No. 3, Motrin, Cymbalta, etc., effectively obviated the need for the topical compound in question. Therefore, the request was not medically necessary. As with the preceding request, since this was not a chronic pain case as of the date in question, March 13, 2015, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines here.