

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 23, 2003.

Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; trigger point injections; multiple trigger finger release surgeries; transfer of care to and from various providers in various specialties; adjuvant medications, including Lyrica; and the apparent imposition of permanent work restrictions through an agreed medical evaluation. It does not appear that the applicant has returned to work, however.

In a utilization review report of July 18, 2013, the claims administrator denied the request for a topical compound.

The applicant's attorney later appealed, on September 12, 2013.

An earlier note of August 6, 2013 is notable for comments that the applicant reports multifocal pain complaints, principally about the hands, wrists, and digits. She is on a number of analgesic and adjuvant medications, including Nucynta, Cymbalta, Norco, Celebrex, and Medrox. Her care is complicated by comorbid diabetes.

IMR DECISION(S) AND RATIONALE(S)

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

1. Topical compound of Ketamine 10%, Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2%, in lipoderm 4.8 grams is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Pain Chapter, Topical Analgesics, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, several of the ingredients in the compound are not recommended for topical compound purposes. For example, gabapentin, cyclobenzaprine, and ketamine all carry unfavorable recommendations, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. This results in the entire compound carrying an unfavorable rating, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems topical analgesics and topical compounds, as a class, "largely experimental." Topical analgesics should only be employed when anticonvulsants and/or antidepressants have been failed for neuropathic pain. In this case, however, the applicant is reportedly using Cymbalta, an SNRI antidepressant, with good effect. Thus, for all of these reasons, the proposed topical compound is not indicated here. Accordingly, the original utilization review decision is upheld. The request remains non-certified, on Independent Medical Review.

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[REDACTED]

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