

Case Number:	CM13-0007326		
Date Assigned:	03/07/2014	Date of Injury:	03/19/2011
Decision Date:	05/02/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/05/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records indicate that the claimant is a 65-year-old female with a reported injury date of 3/19/11. The claimant has a history of neck pain radiating to both upper extremities and has been given diagnoses of disc protrusions or herniated discs at multiple levels. The claimant has been diagnosed with radiculopathy and/or myelopathy and cervical spine surgery has been discussed. Specifically, consideration has been undertaken for anterior cervical discectomy and fusion from C3 through C7. The current request is for a compounded topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAM (FLURIPRO/PLO TRANS/ETHOXY LI DAY SUPPLY 30QTY, 120 REFILLS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: A compounded topical cream of Fluripro/Pro Trans/Ethoxy L1 day supply 30 Qty, 120 refills cannot be recommended as medically necessary for an employee with cervical radiculopathy and potential myelopathy being considered for cervical spine surgery. The MTUS

Cronic Pain Guidelines indicate that compounded topical creams are largely experimental in use with few randomized controlled studies to determine efficacy or safety. It simply does not make sense for patients with this diagnosis to undergo treatment with topical medications, as they would not be expected to be beneficial and cannot be deemed medically necessary.