

Case Number:	CM13-0008955		
Date Assigned:	10/11/2013	Date of Injury:	03/18/2013
Decision Date:	07/23/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Family Practice 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 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/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 injured worker is a 51 yr. old male claimant sustained a work injury on 3/8/13 involving the back and knees. He had a lumbar strain with radiculopathy and internal derangement. He had used oral analgesics including Flexeril, Relafen and Tylenol for pain. He had also undergone physical therapy and received instructions in exercise. An exam note on 6/13/13 indicated the claimant had persistent back pain with paravertebral spasms and decreased range of motion. He also had joint line tenderness in the right knee as well as patellofemoral instability. He was subsequently prescribed Mediderm topical cream for an unspecified term, indication or duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE COMPOUND MEDI-DERM, DURATION AND FREQUENCY UNKNOWN, FOR DOS 6/13/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: In this case, Mediderm contains capsaicin in a higher concentration than needed for any proven efficacy. According to the guidelines, "Any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended".
Therefore, Capsacin is not medically necessary.