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| Case Number: | CM13-0023654 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 08/29/2008 |
| Decision Date: | 05/23/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/12/2013 |

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 66-year-old female who was injured on August 29, 2008. The patient continued to experience pain in her right knee. Physical examination was notable for normal range of motion, neurovascular examination intact, and surgical scar healed. The diagnosis was status post right total knee replacement. The treatment included medication. The request for authorization for Dexarub cream compound was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PHARMACY PURCHASE OF DEXARUB CREAM COMPOUND 60MG: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the MTUS guidelines state that "any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the information on the medication(s) contained in Dexarub cream is not available. The lack of evidence does not allow determination of efficacy or safety. As such, the request for Dexarub cream compound 60mg is not certified.