

Case Number:	CM13-0059368		
Date Assigned:	12/30/2013	Date of Injury:	02/20/2007
Decision Date:	05/07/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62-year-old male with a date of injury of 02/20/2007. The listed diagnoses per [REDACTED] are: 1.Right knee osteoarthritis, status post total knee replacement 2. Left knee severe osteoarthritis. 3. Left hip severe osteoarthritis. 4.Low back pain with radicular pain 5. History of GI bleeding. According to report dated 09/16/2013, the patient presents with continued knee and hip problems. He also complains of back pain with left-sided sciatica. The patient continues to take Oxycodone 20 mg for pain control. He is in "extreme" pain with the low back, hip, knee, and left sciatica. Treater is requesting MRI of the left shoulder, lumbar ESI, manual wheelchair, aqua therapy, refill of medication, and a topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND TOPICAL CREAM: Upheld

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

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

Decision rationale: This patient presents with continued pain in his knee, hip, and back. The treater is requesting a topical cream. The MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, review of records from 04/30/2013 to 09/16/2013 does not indicate the ingredients in this topical cream that is being prescribed. Each progress report consistently includes "Topical Cream" as a listed item for treatment plan. The topical cream without disclosing concentration and components contained cannot be recommended. Therefore the request is not medically necessary.