

<b>Case Number:</b>	CM13-0061951		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/03/1997
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Geriatrics 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 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:

This injured worker is a 70-year-old female with a date of injury of 12/3/97. She was seen by her physician with complaints of 7/8 bilateral knee pain after falling on both knees. This has exacerbated her lumbar and right hip pain. Her pain was improved with sitting and topical medications. Her physical exam was significant for normal neck and thoracic range of motion without pain and normal lumbar range of motion with pain. She had tenderness to palpation over the cervical facets, interspinous processes and paraspinous muscles, and left lumbar paraspinous muscles, facets and sacroiliac joint. Her gait was normal. She had bilateral knee effusions and pain with rotation of her hips bilaterally. She was diagnosed with osteoarthritis lower leg and pain in joint. Urgent MRIS and x-ryas of her knees were ordered, along with intraarticular injections and decadron. At issue in this review are the prescriptions of two compounded creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The requested treatment for Kohana compound cream; Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Tretacaine 2%, and Genisis base compound cream: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112.

**Decision rationale:** This injured worker has lower extremity and back pain with an injury from 1997. Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity. Therefore the request is not medically necessary.

**The requested treatment for partell Pharm #1; Flurbiprofen 10%, Amitriptyline 1%, Gabapentin 6%, Lidocaine 2%, and Prilosec 2%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112.

**Decision rationale:** This injured worker has lower extremity and back pain with an injury from 1997. Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity.