

<b>Case Number:</b>	CM13-0061974		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/29/2013

### 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 Occupational Medicine, 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist and upper extremity pain reportedly associated with an industrial injury of September 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; H-Wave therapy; attorney representation; topical agents; a wrist sleeve; wrist open reduction and internal fixation surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 25, 2013, the claims administrator denied a request for a topical compounded Kohana cream. The applicant's attorney apparently appealed the denial. In a handwritten progress note of December 28, 2012, the applicant was described as improving well following radial fracture ORIF surgery. The applicant's range of motion was apparently 70% normal and surgical incision was healing. The applicant was asked to continue an H-Wave device, a topical compound, remain off of work for 10 days, and eventually return to regular work on January 7, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL COMPOUNDED KOHANA PAIN CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s):

111. Decision based on Non-MTUS Citation Kohana, Pharmacy | Pharmacy & Center for Regenerative Medicine [www.kohanar.com](http://www.kohanar.com)

**Decision rationale:** As noted in the product description, Kohana represents a form of topical compounded pain relief cream. However, the MTUS Guideline in ACOEM Chapter 3, page 47, notes that oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Kohana which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." In this case, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary to the request for authorization so as to try and offset the unfavorable MTUS recommendations. The progress note in question was sparse, handwritten, and difficult to follow. Therefore, the request remains not certified, on Independent Medical Review.