

Case Number:	CM14-0001953		
Date Assigned:	01/24/2014	Date of Injury:	03/17/2010
Decision Date:	06/06/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, hip pain, and low back pain reportedly associated with an industrial injury of March 17, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; topical compound; attorney representation; transfer of care to and from various providers in various specialties; multiple prior knee surgeries; Synvisc injections; and muscle relaxants. In a Utilization Review Report dated December 20, 2013, the claims administrator denied a request for a topical compounded agent. The applicant's attorney subsequently appealed. An August 22, 2013 progress note was notable for comments that the applicant reported persistent complaints of low back, hip, and knee pain. The applicant was using Naprosyn, tizanidine, and topical compounds as of that point in time, it was noted. The applicant's work status was not clearly detailed. A later note of December 19, 2013 was also notable for comments that the applicant was using Naprosyn, an unspecified topical compound, and tizanidine for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND ANALGESIC CREAM:

TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR/CAPSAICIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Guidelines, Gabapentin, one of the ingredients in the compound here, is specifically not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Guidelines. It is further noted that the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals, including Naprosyn and tizanidine, effectively obviates the need for the largely experimental topical compound in question. Therefore, the request is not medically necessary and appropriate.