

Case Number:	CM14-0101034		
Date Assigned:	07/30/2014	Date of Injury:	10/07/2013
Decision Date:	11/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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:

There were 382 pages provided for this review. It was for compounded topical medicines. The application for independent medical review was signed on June 27, 2013. Per the records provided, this patient had burning radicular neck pain, shoulder pain, elbow pain, wrist pain, radicular mid back pain and low back pain and bilateral knee pain. There was a letter of medical necessity for the topical medicines that appeared to be a form letter. He is described as of April 17, 2014 as a 60-year-old Spanish-speaking man who had cumulative type injuries during the period of September 30, 2012 to September 30, 2013 while working as a laborer for re-recycling. He developed pain in the neck, shoulders, elbows, wrists, chest, mid and low back and both knees due to the repetitive and continual nature of his daily work tasks. He denies any prior surgeries or motor vehicle accidents. An extensive list of 22 multi area strain, diagnoses were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded topical medications: 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 Page(s): 111 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.