

Case Number:	CM14-0017429		
Date Assigned:	04/14/2014	Date of Injury:	01/04/2004
Decision Date:	05/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/11/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker reported an injury on 01/04/2004. The mechanism of injury was the injured worker tripped on some linen while going downstairs. The documentation of 12/21/2013 revealed the injured worker had lumbar spine pain centered over the bilateral sacroiliac joints. The pain radiated to both legs with numbness and associated tingling. The injured worker had tenderness to bilateral SI joints and positive Faber and positive Patrick's. The injured worker had decreased range of motion secondary to pain. The diagnosis included status post lumbar fusion, lumbar discopathy with disc displacement and herniated lumbar disc. The treatment plan included continued medications and compound creams as well as home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAMS: Upheld

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

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

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The clinical documentation submitted for review failed to indicate the injured worker had a trial and a failure of antidepressants and anticonvulsants. The ingredients for the compounded creams were not listed. As such, there could be no application of specific guidelines. There was no documentation indicating duration, frequency, quantity or strength. Therefore, the request for compound creams is not medically necessary and appropriate.