

Case Number:	CM14-0127594		
Date Assigned:	08/15/2014	Date of Injury:	07/07/2011
Decision Date:	10/01/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 patient is a 57 year old male who was injured on 07/07/2011. The mechanism of injury is unknown. Prior medication history included Ms-Contin, Norco, ibuprofen, and ketoprofen. Diagnostic studies reviewed include MRI of the lumbar spine dated 08/25/2011 revealed disc protrusions. Progress report dated 07/01/2014 indicates the patient presented with pain in his mid to low back. On exam, there is tenderness to palpation of the thoracic spine. He has decreased sensation to light touch about the right lower extremity. He has substantial low back pain with spasms and radiculopathy. Straight leg raise is positive. He rated his pain as 1/10 without radiation. He reported his pain is alleviated with the use of ketoprofen cyclobenzaprine lidocaine topical cream. He is diagnosed with mid thoracic spine sprain/strain and lumbar strain with lower extremity radiculopathy and fibroma of the lumbar spine. He was recommended to use compound cream as he has had good benefit and 30% reduction in pain with the cream. Prior utilization review dated 07/21/2014 states the request for Compound cream is denied as any compounded product that contains at least one drug or drug class that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicines:.

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

Decision rationale: The above MTUS guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." It further states for non-steroidal anti-inflammatory drug (NSAID) creams "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, documentation from consult on 7/1/14 states that the diagnosis/impression is "1. Myospasm 2. Lumbosacral neuritis 3. Lumb/lumbosac Disc Degen" and the plan states "He has had very good benefit and approximately 30% reduction of pain with a compound cream." As above guidelines state, there is no indication for NSAID cream for spine and guidelines state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.