

Case Number:	CM14-0167766		
Date Assigned:	10/15/2014	Date of Injury:	06/15/2011
Decision Date:	11/18/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/11/2014

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 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 166 pages for medical review. The injury was a sprain to the knee. There was a primary treating physicians progress report from June 5 from October 16, 2013. There was still right knee pain at seven on a scale of zero to 10. There was a utilization review done on October 10, 2014. The request was for a compounded medicine. Per the records provided, the patient is 58 years old and she works as a sales associate cashier for the [REDACTED]. She sprained the right knee back in the year 2011. She is status post a 2012 right knee surgery and also Synvisc injections. The pain continues in the knee at 7 to 8. This medicine had been previously non certified. The doctor provided no compelling reasons to override the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Ketoprofen 10%/ Gabapentin 10%/ Baclofen 8.4%/ Lidocaine HCL 5%/ Cyclobenzaprine HCL 1.7 in Ultaderm base 60gm, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 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.