

Case Number:	CM14-0172284		
Date Assigned:	10/23/2014	Date of Injury:	05/26/2011
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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 injured worker is a 52-year-old female who sustained an injury on 5/26/11. As per 8/18/14 report, she presented with chief complaint of bilateral knee pain and cervical spine pain. Her neck had been hurting and she noticed a right shoulder up-riding due to spasms and neck pain. Physical examination revealed medial joint line pain and crepitation of the right knee with motion 0 to 115 degrees, left knee motion 5 to 95 degrees with tightness in the anterior knee, decreased ROM of the neck in all planes, and tenderness in the trapezius and neck musculature. X-ray of the knees dated 7/9/14 revealed minimal interval narrowing of the medial joint space of the right knee. She had previously undergone left knee TKA. Current medications were noted to be Lyrica, Norco, Tylenol, Valium, atenolol, Multi for her 50+, Calcio Del Mar, hydrochlorothiazide, and Wellbutrin. She was previously treated with physical therapy, cortisone injections and medications. She had a bad reaction to the past cortisone injections. Her throat swelled and she had systemic effects as well. She has a gastric ulcer and does not tolerate NSAIDs. There was no notation in the provider's report of a need for a compound cream. Diagnoses include osteoarthritis of the right knee, ankylosis post left knee TKA, and DJD of cervical spine. The request for Compound cream: Diclofenac 3 percent, Baclofen 2 percent, Cyclobenzaprine 2 percent, Gabapentin 6 percent, Tetracalm 2 percent; 270grams with 2 refill was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: diclofenac 3 percent, baclofen 2 percent, cyclobenzaprine 2 percent, gabapentin 6 percent, tetracalme 2 percent; 270grams with 2 refills: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. Gabapentin is not recommend for topical use. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.