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| <b>Case Number:</b>   | CM14-0021049 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 09/17/2012 |
| <b>Decision Date:</b> | 07/30/2014   | <b>UR Denial Date:</b>       | 02/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/20/2014 |

### 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 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:

This is a 54-year-old male patient with a 9/17/12 date of injury. The mechanism of injury was not provided. A 12/17/13 progress report indicated that the patient was three months s/p left knee arthroscopic lysis of adhesions. The physical exam revealed tenderness to palpation over the lumbar spine paraspinal musculature. There were 2+ reflexes in the patellae and Achilles. He was diagnosed with chronic back pain; status post left knee total replacement. Treatment to date is medication management and physical therapy. There is documentation of a previous 2/12/14 adverse determination. The rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COMPOUNDED TOPICAL ANALGESIC CREAMS:** 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): 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended

for topical applications. However, it was not clear what kind of compound medication was requested, and what medications were included. There was no evidence of failure of oral medication or physical therapy sessions. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for compounded topical analgesic creams was not medically necessary.