

Case Number:	CM14-0024532		
Date Assigned:	06/11/2014	Date of Injury:	03/15/2013
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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, Pain Medicine and is licensed to practice in Texas. 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 48 year old female injured on 03/15/13 due to undisclosed mechanism of injury. Current diagnoses include right shoulder and right knee sprain/strain rule out internal derangement, lumbar spine/right sacroiliac joint sprain/strain, and status post visco-supplementation Synvisc injection to the right knee on 11/14/13. Clinical note dated 02/10/14 indicated the injured worker presented complaining of right knee and low back pain. The injured worker reported right knee pain was constant over the anterior and anterolateral aspects. The injured worker also reported low back pain was intermittent in nature. Physical examination revealed tenderness to palpation of the anterior and lateral joint space with pain in flexion/extension of the knee. A physical examination of the lumbar spine reveals tenderness to palpation and limited range of motion. Clinical note dated 12/30/13 indicated the injured worker presented complaining of right knee and low back pain which had not been controlled with the use of medication. Medications included Tizanidine 4mg QHS, omeprazole 20mg BID, and compounded analgesic containing Tramadol, gabapentin, menthol, camphor, and capsaicin, and Naprosyn 550mg. The injured worker reported significant benefit from topical cream. The initial request for continued compound analgesic cream (unspecified name, dose, and quantity) was initially non-certified on 02/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED COMPOUND ANALGESIC CREAM (UNSPECIFIED NAME/S DOSE AND QUANTITY): 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 9792.20, Topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. The request did not specify the contents of the requested compound to allow for assessment of United States Federal Drug Administration approval status. Therefore continued compound analgesic cream (unspecified name/s, dose, and quantity) cannot be recommended as medically necessary.