

Case Number:	CM14-0027305		
Date Assigned:	06/13/2014	Date of Injury:	08/11/2013
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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 Orthopedic Surgery 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 51 year-old gentleman who was reportedly injured on August 11, 2013. The mechanism of injury is noted as a slip and fall on a wet floor. The most recent progress note dated May 27, 2014 is handwritten, illegible, with no specific clinical information being discerned. A previous note (also handwritten) negates ongoing ankle pain and low back pain. Diagnostic imaging studies included plain films of the lumbar spine and lower extremity and no acute osseous abnormalities were identified. It is also noted that an MRI of the lumbar spine was obtained however there is no narrative report presented of its findings. Previous treatment includes conservative care, physical therapy, oral medications. A urine drug screening was completed. A request was made for the noted topical preparations and was not certified in the pre-authorization process on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED CYCLOPHENE 5 PERCENT IN PLURONIC LECITHIN ORGANOGEL(PLO) GEL 120GMS#1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: When considering the date of injury, the mechanism of injury, and the diagnoses listed, there is no clinical indication for ongoing topical preparations at this time. Furthermore, as outlined in the California Medical Treatment Utilization Schedule Guidelines (MTUS), such medications in a compounded topical preparation are "largely experimental" and are not indicated for this type of treatment. These medications are not recommended. In addition, there are limited findings on physical examination (the handwritten notes are mostly illegible). There is insufficient clinical data presented to support this request. Accordingly, this is not medically necessary.

**COMPOUNDED KETOPROFEN 20 PERCENT IN PLURONIC LECITHIN
ORGANO GEL (PLO) GEL120GMS #1: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: When considering the date of injury, the mechanism of injury, and the diagnoses listed, there is no clinical indication for ongoing topical preparations at this time. Furthermore, as outlined in the California Medical Treatment Utilization Schedule Guidelines (MTUS), such medications in a compounded topical preparation are "largely experimental" and are not indicated for this type of treatment. These medications are not recommended. In addition, there are limited findings on physical examination (the handwritten notes are mostly illegible). There is insufficient clinical data presented to support this request. Accordingly, this is not medically necessary.