

Case Number:	CM14-0036373		
Date Assigned:	06/25/2014	Date of Injury:	03/02/2010
Decision Date:	11/07/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/25/2014

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 Family Medicine, has a subspecialty in Clinical Informatics, and is licensed to practice in Pennsylvania. 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 worker sustained a left knee injury on March 2, 2010. She had total left knee arthroplasty on October 23, 2013. At followup orthopedic visit on February 18, 2014 she stated that "pains initially got better with some Mobic, but now breaking through." She was walking with a cane. She had swelling on the medial side of her knee that was painful. It was stated that she could not tolerate NSAIDs and that Mobic was not efficacious. The plan was to attempt Celebrex and anti-inflammatory creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded topical pain cream, QTY:1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The medical documentation does not specifically state what the compounded topical cream was to include but according to the utilization review, the physician assistant reported in a telephone call on March 6, 2014 that the topical compound was to have gabapentin and cyclobenzaprine plus several other products in it. Gabapentin is not

recommended for use as a topical analgesic. Muscle relaxants such as cyclobenzaprine are also not recommended. Whenever one medication in a combination product is not recommended, the combination as a whole is not recommended. Therefore the compounded topical cream requested in this case is not medically necessary.