

Case Number:	CM14-0037683		
Date Assigned:	07/07/2014	Date of Injury:	05/20/2011
Decision Date:	08/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology has a subspecialty in Pain 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 64 year old female injured on 05/20/11 due to an undisclosed mechanism of injury. Current diagnoses include lumbar spine strain/sprain, lumbar disc syndrome, status-post osteoarthritis of the left knee, leg sprain/strain, status-post left knee surgery on 10/28/13, and acid reflux/gastropathy. Clinical note dated 01/13/14 indicates the injured worker presented complaining of low back pain rated at 5/10 right greater than left and left knee pain rated 1/10. The injured worker described the knee pain as dull and achy in nature. Physical examination of the lumbosacral spine revealed tenderness and hypotonicity in the right thoracolumbar paravertebral muscle, decreased range of motion, positive Kemp's on the right, muscle strength 5/5 in bilateral lower extremities, and deep tendon reflexes bilateral lower extremities were within normal limits. Physical examination of the right knee reveals flexion at 120 degrees and extension at 0 degrees and pathologic reflexes are absent. Current medications include Ibuprofen as needed and topical creams to alleviate pain symptoms. Documentation indicates the injured worker waiting for appointment with pain management specialist and completion of post-operative physical therapy sessions. The initial request for compound topical creams was initially non-certified on 03/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. California Medical Treatment Utilization Schedule, Food and Drug Administration and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. The individual components of the compounded cream were not provided allowing for evaluation of their United States Federal Drug Administration approval status. Therefore the request for Compound Topical Creams cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.