

Case Number:	CM14-0049025		
Date Assigned:	07/07/2014	Date of Injury:	08/09/2012
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 Management and is licensed to practice in Tennessee. 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 41-year-old male with a 8/9/12 date of injury. The mechanism of injury occurred when he was moving a flat tire from a rim and his back started to hurt. The next day, he woke up and had trouble getting out of bed secondary to low back pain which radiated into his legs. According to a 5/21/14 progress note, the patient complained of headaches. He continued to feel pain in his neck and upper back. The pain was constant in terms of frequency and the pain radiated to his right shoulder. He also complained of pain in his low back which radiated down the bilateral posterior thighs to the knees then down the posterior calves. Objective findings: tenderness to palpation over the bilateral cervical spine paraspinous musculatures, tenderness to palpation over the bilateral paraspinous musculatures. Diagnostic impression: cephalgia, cervical trapezial and parascapular chronic strain with myofascitis, lumbosacral sprain/strain, degenerative disc disease, lumbar spine radiculitis, possible sleep disorder, gastritis, stress, anxiety, and depression. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 4/2/14 denied the request for compounded topical analgesic creams. The request cannot be applied against a guideline without more specific documentation of the ingredients and proposed mechanism of action of such cream(s).

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: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was no documentation of the specific ingredients in the topical compounds being requested. Therefore, the request for Compounded Topical Analgesic Creams was not medically necessary.