

Case Number:	CM14-0057517		
Date Assigned:	07/16/2014	Date of Injury:	06/22/2007
Decision Date:	09/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 38 year-old male was reportedly injured on 6/22/2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 3/27/2014, indicates there are ongoing complaints of low back, knee, and foot pain. The physical examination demonstrated lumbar spine: 5/5 bilateral lower extremity strength. Sensation is intact an equal. Sacroiliac joints are tender bilaterally. There is minimal tenderness of the left hip and minimal tenderness over the paraspinals. Full range of motion is noted. No recent diagnostic studies are available for review. Previous treatment includes medication, and conservative treatment. A request was made for compound medication, and was not certified in the pre-authorization process on 3/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: The MTUS guidelines state that topical compounded analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request does not identify what type of compound is requested. Therefore compound medication is not medically necessary.