

Case Number:	CM14-0069347		
Date Assigned:	07/14/2014	Date of Injury:	09/10/2012
Decision Date:	11/21/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/14/2014

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, 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 59-year-old individual with an original date of injury of September 10, 2012. The mechanism of injury occurred when the worker jumped out of a pickup truck and fell and landed on the left knee. The patient subsequently underwent left knee arthroscopic medial and lateral meniscal repair on October 31, 2013. The patient continued with chronic knee pain and received a steroid injection on March 6, 2014 with minimal improvement. The disputed issue is a request for compounded cream. A utilization review determination on April 24, 2014 had denied this request. The stated rationale for this denial was that there was no specification as to the components of the topical compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound analgesic cream for symptomatic relief of pain: 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): 111-113.

Decision rationale: Regarding the request for topical compounded cream, it is unclear based upon the submitted documentation what the individual components of this cream are. Guidelines

specify that all components of a topical compounded mixture must be recommended in order for the compound to be recommended. The requesting provider has documented in a progress note on date of service April 3, 2014 a request for topical compounded medication. There is no further specification of the individual components or justification for this. This request is not medically necessary.