

Case Number:	CM14-0072731		
Date Assigned:	07/16/2014	Date of Injury:	11/24/2012
Decision Date:	09/03/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational 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 patient is a 46 year old female who was injured on 11/24/2012. The mechanism of injury is unknown. Secondary treating physician's medical evaluation dated 04/10/2014 states the patient reported her pain is controlled with her medication. She does report less reflux and stomach burning due to the anti-acid. She stated her knee pain is moderate to occasionally severe. On exam, she has an antalgic gait. Her abdomen is soft and non-tender. The left knee revealed no evidence of injection. She has minimal inflammation and range of motion is limited secondary to pain. She has peripatellar tenderness to palpation. She has hypesthesia of the right big toe. She is diagnosed with lumbar spine sprain/strain with radiculitis; myospasms; left knee ACL tear, medial meniscus tear, lateral meniscus tear, chondromalacia, bursitis, Baker's cyst, tri-compartmental degenerative joint disease; left shoulder supraspinatus tendinosis per MRI dated 05/25/2013. The patient was recommended to continue hydrocodone APAP 5/325, gabapentin 300 mg, pantoprazole DR 20 mg, and transdermal compounds (unspecified). Prior utilization review dated 05/07/2014 states the request for Transdermal Compounds is denied as there is no indication what the transdermal creams are used for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Compounds: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs.

Decision rationale: According to MTUS guidelines, topical analgesics may be recommended after failure of oral first-line medications. In this case a request is made for transdermal compounds for a 46-year-old female injured on 11/24/12 with multiple chronic musculoskeletal complaints. However, the composition of these transdermal compounds is not specified, nor is the indication or response to treatment. Medical necessity is not established.