

Case Number:	CM14-0080975		
Date Assigned:	07/18/2014	Date of Injury:	05/16/2006
Decision Date:	09/10/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/02/2014

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 requests falling under this Independent Medical Review included the use of a compounded cream. The injured worker is described as a 39-year-old male who was injured back in May 2006. He was a heavy machine operator. Several physical therapy progress notes and nursing assessment notes from a home healthcare agency were provided. They unfortunately were handwritten and not completely legible. There was mention on October 8, 2013 that the patient had postoperative low back pain rated at six out of 10. He had radiation pain to the left lower extremity down to the kneecap with associated swelling and redness. The low back pain remained the same. He also had chest pain as well as a tingling sensation in the right hip. He used a walker for ambulation. Current medicines are Neurontin, Norco, Prilosec, Ultram, and Warfarin. He was status post interlaminar laminectomy and microdiscectomy at L3-L4 on August 26, 2013. The injured worker's diagnoses include pseudarthrosis; bowel incontinence due to an industrial injury; sexual dysfunction due to an industrial injury and pain; cervical spine strain-sprain; anxiety; depression; neuropathic pain; chronic low back pain; right greater than left sacroiliitis; chronic pain syndrome; facet arthropathy in the lumbar regions and myofascial spasm at L5; and muscle pain. The pulmonary consultation report dated December 19, 2013, stated the injured worker's diagnoses were deep vein thrombosis of the femoral popliteal veins, status post lumbar disc fusion, right knee pain, and anxiety disorder. The injured worker was given Coumadin (Warfarin). He will get fitted for compression stockings and will be seen by a knee specialist to determine the source of the knee pain. The injured worker was also being treated by his orthopedist and hematologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for topical compounds Fluriprofen 205 gel - 120gm, Ketoprofen 20% - 120gm, Ketamin 10% gel-120gm, Babapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375 % - 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009) : Topical Compounds.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Per the 8 C.C.R. 9792.20 - 9792.26MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for injured worker medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this injured worker's case for specific goals. Therefore, the request is not medically necessary.