

Case Number:	CM14-0082408		
Date Assigned:	07/21/2014	Date of Injury:	09/25/2010
Decision Date:	08/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 Texas and Oklahoma. 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 48-year-old male who reported an injury on 03/03/2010 due to a fall. The injured worker's diagnoses were left knee bursitis and tendinitis, left wrist status post fracture with intermittent pain with supination against resistance, and pain with heavy lifting, lumbosacral pain with disc protrusion, myospasm, and myofascial trigger points, and right shoulder internal derangement with impingement on forward flexion status post shoulder arthroscopic surgery. No prior treatments were documented. The injured worker's diagnostic studies include an MRI of the right shoulder and of the sacral spine. The injured worker's surgical history included right shoulder arthroscopic surgery in 2012. The injured worker complained of continuously shooting back pain and aching intermittently in his left wrist and right shoulder occasionally aching in the right knee. The injured worker's pain worsened with activity. The knee pain worsened with bending, and his left wrist and hand, the pain gets worse when heavy lifting as well as his back pain. The injured worker rated the pain typically at 5/10, has range from 3/10 to an 8/10 at its worse. There was full range of motion to the wrist but there was pain to the wrist with supination against resistance. There was tenderness to palpation, muscle spasm, and myofascial trigger points in the thoracolumbar and lumbosacral paraspinal with a muscle twitch response and referral patterns. The injured worker had pain with facet loading in the lumbar. The injured worker had complaints of pain at all extremes of motion. There were complaints of pain with motion of the patella and with deep palpation of the patellar region. The injured worker's medications were ibuprofen, Tylenol, and topical agents. The provider's treatment goal was to decrease the pain and for the injured worker to return to work with the use of medication and increased activity. The provider's treatment plan was for medication education for the injured worker on the transdermal compound cream. The requested

treatment plan is for compound cream. The Request for Authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: 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.

Decision rationale: The request for Compound cream is not medically necessary. According to the California MTUS, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interaction, and no need to titrate. On the most current clinical documentation, the injured worker complained of continuously shooting pain in his low back and aching intermittently in his left wrist and right shoulder and occasionally aching in his right knee. However, the request lacked mention of body location to apply the compound as well as the frequency for the proposed medication. There was a lack of failure of first line antidepressants and anticonvulsants to meet guideline criteria. The request as submitted did not include the ingredients of the compound cream. As such, the request for compound cream is not medically necessary.