

Case Number:	CM14-0186831		
Date Assigned:	11/14/2014	Date of Injury:	08/11/2011
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Preventive 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:

According to the records made available for review, this is a 56-year-old female with an 8/11/11 date of injury. At the time (10/29/14) of the Decision for Compounded Topical Cream, #120, there is documentation of subjective (chronic neck pain with headaches, and left shoulder pain) and objective (reduced cervical range of motion, tenderness to palpation over the posterior cervical muscles with increased tone, and reduced left shoulder range of motion with positive impingement sign) findings, current diagnoses (Cervicalgia, degeneration of cervical disc, post-traumatic stress disorder, and rotator cuff arthropathy), and treatment to date (medications including opioids and NSAID). Medical report identifies a request for compounded topical cream consisting of ketamine powder, baclofen powder, bupivacaine powder, cyclobenzaprine powder, gabapentin powder, Orphenadrine powder, pentoxifylline powder, versatile cream base, dimethyl solution, and propylene gel solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Topical Cream, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other Anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of Cervicalgia, degeneration of cervical disc, post-traumatic stress disorder, and rotator cuff arthropathy. IN addition, there is documentation of a request for compounded topical cream consisting of ketamine powder, baclofen powder, bupivacaine powder, cyclobenzaprine powder, gabapentin powder, Orphenadrine powder, pentoxifylline powder, versatile cream base, dimethyl solution, and propylene gel solution. However, the requested compounded medication consists of at least one drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compounded Topical Cream, #120 is not medically necessary.