

Case Number:	CM14-0189413		
Date Assigned:	11/20/2014	Date of Injury:	03/10/2012
Decision Date:	02/20/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old male with a 3/10/12 date of injury. The patient was seen on 9/23/14 complaining of neck pain, left hip pain, 5-6/10, and left ankle pain radiating to the foot. His medications provide him temporary relief. Exam findings revealed 2+ tenderness in the sub occipital region and over the trapezius, muscles bilaterally with limited range of motion of the C-spine. Motor strength was 4/5 in the bilateral upper extremities and sensation was decreased in C5-T1 in the bilateral upper extremities. Tenderness of 2+ was also noted over the L-spine along with a decrease range of motion and decreased sensation and motor strength from L2-S1. The diagnosis is cervical disc injury, low back pain, and cervicgia. Treatment to date: medications: activity restriction The UR decision dated 10/11/14 denied the request, as the components of the creams were cyclobenzaprine, gabapentin, and Amitriptyline as there were no evidence-based guidelines for the components of the cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream 180gm: 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 Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is for a "compound cream". The documentation provided provides the components as cyclobenzaprine, gabapentin, and Amitriptyline, none of which have been shown to reduce pain in a topical formulation. The MTUS guidelines do not support the use of topical creams with these components. In addition, it is unclear why the patient's pain cannot be controlled via oral medications. Therefore, the request for Compound cream 180gm was not considered medically necessary.