

Case Number:	CM14-0194206		
Date Assigned:	12/01/2014	Date of Injury:	11/06/2008
Decision Date:	01/14/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/19/2014

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:

This case involves a 57 year old female injured worker who has chronic right knee problems subsequent to an injury dated 11/06/08. She has been diagnosed with right knee degenerative joint disease and has been treated with surgery.. She has residual pain that has been treated with a combination of oral analgesics and topical non-steroidal anti-inflammatory drugs (NSAIDs). There has been a recent request for compounded topicals for which the ingredients were not disclosed which the UR denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound for pain control: Upheld

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

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

Decision rationale: MTUS Guidelines are specific that if an ingredient is not Food and Drug Administration (FDA) approved for topical use the compounded mix is not Guideline supported. Even though the actual ingredients are not divulged, the fact that this is a compounded topical leads to the conclusion that at least one of the compounds is not FDA approved for topical use.

At this point in time, the topical compound does not appear consistent with Guidelines; therefore, is not medically necessary.