

Case Number:	CM14-0199569		
Date Assigned:	12/10/2014	Date of Injury:	07/26/2003
Decision Date:	01/23/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehabilitation 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 58 year-old patient sustained an injury on 7/26/2003 while employed by [REDACTED]. Request(s) under consideration include Compound medication. Diagnoses include Ankle joint pain; lumbago/ post-laminectomy syndrome and fusion at L5-S1; lower leg osteoarthritis. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/1/14 from the provider noted the patient with chronic ongoing pain symptoms; presented for pre-operative evaluation prior to right TKA. There was mention of Diabetes Mellitus history and uncontrolled hypertension. Treatment plan included topical compound. Report of 11/20/14 noted chronic low back and right knee pain. The patient has been made P&S currently treating under future medical and is in the process of having right TKA. Medications list Norco, Voltaren Gel, Neurontin, Lyrica, Lidoderm patches, Flexeril and Voltaren Gel. Brief exam noted low back with flex/ext range of 60/10 degrees; right knee with flex 0-100 degrees and crepitation on range. Diagnosis was L5-S1 decompression and fusion. Treatment plan noted review of CT scan that showed minimal stenosis at adjacent levels with L5-S1 hardware fusion spanning up to L4. Plan included Right TKA, medications of Norco, Lidoderm, Flexeril, Voltaren Gel and Voltaren PO and liver renal function labs. The patient remained P&S. The request(s) for Compound medication was non-certified on 11/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medications - compounded

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

Decision rationale: This 58 year-old patient sustained an injury on 7/26/2003 while employed by [REDACTED]. Request(s) under consideration include. Diagnoses include Ankle joint pain; lumbago/ post-laminectomy syndrome and fusion at L5-S1; lower leg osteoarthritis. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/1/14 from the provider noted the patient with chronic ongoing pain symptoms; presented for pre-operative evaluation prior to right TKA. There was mention of Diabetes Mellitus history and uncontrolled hypertension. Treatment plan included topical compound. Report of 11/20/14 noted chronic low back and right knee pain. The patient has been made P&S currently treating under future medical and is in the process of having right TKA. Medications list Norco, Voltaren Gel, Neurontin, Lyrica, Lidoderm patches, Flexeril and Voltaren Gel. Brief exam noted low back with flex/ext range of 60/10 degrees; right knee with flex 0-100 degrees and crepitation on range. Diagnosis was L5-S1 decompression and fusion. Treatment plan noted review of CT scan that showed minimal stenosis at adjacent levels with L5-S1 hardware fusion spanning up to L4. Plan included Right TKA, medications of Norco, Lidoderm, Flexeril, Voltaren Gel and Voltaren PO and liver renal function labs. The patient remained P&S. The request(s) for was non-certified on 11/17/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to what is/are the ingredients for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The Compound medication is not medically necessary and appropriate.