

Case Number:	CM14-0093562		
Date Assigned:	07/25/2014	Date of Injury:	08/17/2010
Decision Date:	03/23/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/18/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male who reported an injury on 08/17/2010 due to an unknown mechanism of injury. The injured worker ultimately underwent left hip arthroplasty. This was followed by postoperative physical therapy. The injured worker ultimately developed chronic pain which was managed with medications. The injured worker was evaluated on 05/13/2014. It was documented that the injured worker had pain rated at a 1/5 to 2/5 in severity that was exacerbated with weightbearing activities and responsive to over the counter anti-inflammatory medications. The physical exam findings included a well healed incision of the left hip with painful range of motion in all planes and 4/5 hip flexor and extensor strength. It was noted that the injured worker walked with a slightly antalgic gait. The injured worker's diagnoses included status post left total hip arthroplasty. The injured worker's treatment plan included outpatient physical therapy for the left hip and a compounding anti-inflammatory cream to apply over the left hip area for postoperative pain. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounding Anti-Inflammatory 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 requested compounding anti-inflammatory cream is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of topical analgesics as they are largely experimental and there are few randomized controlled studies to support the effectiveness and safety of these medications. Additionally, the request as it is submitted does not clearly identify the components of the requested compounded cream. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested compounding anti-inflammatory cream is not medically necessary or appropriate.