

Case Number:	CM15-0001715		
Date Assigned:	01/12/2015	Date of Injury:	04/19/2001
Decision Date:	03/09/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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: 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:

This patient is a 22 year old male with a date of injury of 4/19/01. According to progress report dated 11/23/14, the patient is status post right shoulder surgery from 9/18/14 and reports feeling better, but flares on and off. The patient current medication regimen includes Ultra 50mg, Celebrex 200mg, Flexeril 10mg and Norco 10/325mg. Examination of the cervical spine revealed tenderness on palpation and decreased range of motion. The right shoulder was in a sling. The listed diagnoses are degeneration of cervical spine, Cervicalgia and neck pain. The patient is off work duty until released by surgeon for right shoulder. Treatment plan was for a topical compound cream. The Utilization review denied the request on 12/10/14. Treatment reports from 12/29/13 through 11/30/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med-Compound Cream Amantadine 3% DMSO 4%, Doxepin 3%, Lamotrigine 2%, Pentoxifyline 3%, Sertraline 3% trial 1-2gm 4 times a day as needed, 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MSM, CRPS medications Topical analgesic Page(s): 63, 37-38, 111-113.

Decision rationale: This patient presents with right shoulder and neck pain. The current request is for MED-COMPOUND CREAM AMANTADINE 3%, DMSO 4%, DOXEPIN 3%, LAMOTRIGINE 2%, PENTOXIFYLLINE 3%, SERTRALINE 3%, TRIAL 1-2 GM 4 TIMES A DAY AS NEEDED, 120GM. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. The MTUS Chronic Pain Medical Treatment Guidelines for MSM, page 63 refers readers to the CRPS medications, DMSO. MTUS Chronic Pain Medical Treatment Guidelines, pages 37-38 CRPS medications states these are only indicated for regional inflammatory reaction. The patient does not have CRPS or a regional inflammatory reaction, so the DMSO component of the compound is not indicated. Since the DMSO component of the compound is not recommended, the whole compound is rendered invalid in accordance with the MTUS guidelines. This request IS NOT medically necessary.