

Case Number:	CM15-0004164		
Date Assigned:	01/15/2015	Date of Injury:	07/05/2012
Decision Date:	03/17/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/08/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 58-year-old female who reported an injury on 07/05/2012. The mechanism of injury was not stated. The current diagnoses include right knee pain; right knee chondroplasty of the patella; neck pain; cervical facet pain; cervical discogenic pain; cervical radiculitis; chronic pain syndrome; bilateral carpal tunnel syndrome; myofascial pain; and depression. The latest physician progress report submitted for this review is documented on 10/14/2014. The injured worker presented for a re-evaluation regarding neck and right knee pain. The injured worker was given a cortisone injection into the right knee, which provided 3 to 4 weeks of pain relief. The current medication regimen includes naproxen, cyclobenzaprine, and tramadol ER. The injured worker also utilizes omeprazole for GI upset secondary to naproxen. Upon examination, there was 5/5 motor strength in the bilateral upper extremities; intact sensation; 1+ deep tendon reflexes; negative Spurling's maneuver; tenderness over the cervical paraspinals; tenderness over the facet joints; limited flexion; lateral bending; a slightly antalgic gait; tenderness of the proximal right knee, as well as the medial and lateral joint lines; slightly decreased extension of the right knee; and positive crepitus bilaterally. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream 120 gm, apply 1-2 g three to four times a day, 3 refills: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The specific ingredients in the topical compounded cream were not listed in the request. Therefore, the request as submitted is not medically appropriate at this time.