

<b>Case Number:</b>	CM15-0007828		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old male, who sustained an industrial injury on July 25, 2014, while working as a car mechanic. He has reported pain in the forearm. The diagnoses have included extensor pain, right distal forearm, status post previous blunt contusion, forearm hematoma, and history of mycobacterial infection. Treatment to date has included occupational therapy, physical therapy, ace wrap, and oral and topical medications . Currently, the injured worker complains of swelling along the midportion of the right forearm with discomfort in the dorsum of the forearm proximal to the wrist. An Orthopedic Physician's note dated December 1, 2014, noted the injured worker reported that the compound cream and ultrasound have helped diminish the pain. Physical examination was noted to show tenderness along the extensor tendons in zone 6 and 7. On January 2, 2015 Utilization Review non-certified Professional Compounding Centers of America (PCCA) custom CRE Lipo-Max cream QTY: 360, 30 day supply, noting that the chemicals being compounded into this base were not described or labeled, and the use of creams is experimental and their use not supported by sufficient studies in peer reviewed journals. The MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG), Pain, last updated December 31, 2014, were cited. On January 14, 2015, the injured worker submitted an application for IMR for review of Professional Compounding Centers of America (PCCA) custom CRE Lipo-Max cream QTY: 360, 30 day supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PCCA custom CRE Lipo-Max QTY: 360, 30 days supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** PCCA custom CRE Lipo-Max QTY: 360, 30 days supply is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Without clear documentation of the ingredients in this cream this request cannot be certified. Therefore the request for PCCA custom CRE Lip-Max QTY 360,30 days supply is not medically necessary.