

Case Number:	CM15-0105158		
Date Assigned:	06/09/2015	Date of Injury:	08/29/2008
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 56-year-old male, who sustained an industrial injury on 8/29/08. The injured worker was diagnosed as having lumbago, knee pain, and wrist pain. Treatment to date has included the use of a cane, a right wrist injection, and medication including Lyrica, Methadone, and MS Contin. The treating physician noted topical cream for pain in the knees and wrists was helpful. A physician's report dated 4/21/15 noted pain was 7/10 with medication and 10/10 without medication. The injured worker had been using GCT 10%, 6%, 10% topical cream since at least 4/21/15. Currently, the injured worker complains of pain in the wrists, knees, and back. The treating physician requested authorization for GCT 10%, 6%, 10% topical cream 60g and GCT 10%, 6%, 10% topical cream 240g.

IMR ISSUES, DECISIONS AND RATIONALES

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

GCT 10%; 6%; 10% Topical Cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There are no details on the components of the compound cream. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, GCT 10%; 6%; 10%-Topical Cream 60gm is not medically necessary.

GCT 10%; 6%; 10% Topical Cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There are no details on the components of the compound cream. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, GCT 10%; 6%; 10%-Topical Cream 240gm is not medically necessary.