

Case Number:	CM15-0130352		
Date Assigned:	07/16/2015	Date of Injury:	10/28/2005
Decision Date:	08/28/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/06/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on 10-28-2005 secondary to a slip and fall. On provider visit dated 06-01-2015 the injured worker has reported headaches, cervical spine pain, lumbar spine pain, right shoulder pain, left shoulder pain, and left ankle pain, anxiety and depression. Cervical, neck, and right and left shoulder were noted as being dull and aching pain. Neck had associated headaches with radiating pain, tingling and numbness to bilateral upper extremities. Lumbar spine pain was associated with radiating pain, tingling and numbness to the bilateral lower extremities, bilateral shoulder pain was aggravated with activities such as reaching overhead and lifting. Objective finding revealed MRI results and no further information. The diagnoses have included back, bilateral shoulder, lower back and left ankle pain. Treatment to date has included laboratory studies. The provider requested compound cream Flurbiprofen 20% Baclofen 5% Camphor 2% Menthol 2% Dexarnethasone Micro 0.2% Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base, 240 grams and Ami.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream Flurbiprofen 20%/Baclofen 5%/Camphoe 2%/Menthol 2%
 2%Dexarnethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% in cream base,
 240 grams: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: This claimant was injured about 10 years ago in a slip and fall injury. Diagnoses included headaches, cervical and lumbar spine pain, right shoulder pain, left shoulder pain, left ankle pain, anxiety and depression. Cervical, neck, and right and left shoulder were noted as having dull and aching pain. The diagnoses have included back, bilateral shoulder, lower back and left ankle pain. No objective physical exam signs are noted. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. The request is appropriately not medically necessary.

Compound cream Ami: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: As previously shared, this claimant was injured about 10 years ago in a slip and fall injury. Diagnoses included headaches, cervical and lumbar spine pain, right shoulder pain, left shoulder pain, left ankle pain, anxiety and depression. Cervical, neck, and right and left shoulder were noted as having dull and aching pain. The diagnoses have included back, bilateral shoulder, lower back and left ankle pain. No objective physical exam signs are noted. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.