

Case Number:	CM15-0133505		
Date Assigned:	07/21/2015	Date of Injury:	10/10/2009
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic knee and hip pain reportedly associated with an industrial injury of October 10, 2009. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for a topical compounded medication. The claims administrator referenced progress notes of May 5, 2015 and May 8, 2015 in its determination. The applicant's attorney subsequently appealed. On May 7, 2015, the applicant reported ongoing complaints of bilateral knee and right hip pain. The applicant was on a variety of medications, including a ketoprofen-containing topical compounded cream, Celebrex, and oxycodone, it was reported. The applicant was also receiving Imitrex, Topamax, albuterol, Prilosec, Celexa, hydrochlorothiazide, losartan, and verapamil from another prescriber, it was reported. The attending provider renewed Relafen, ketoprofen, oxycodone and the topical compounded cream at issue, it was stated toward the bottom of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin cream 0.05% + Cyclo 4%: Upheld

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

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

Decision rationale: No, the topical compounded capsaicin-cyclobenzaprine containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the secondary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals including Relafen, oxycodone, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the agent in question. Therefore, the request was not medically necessary.