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| Case Number: | CM15-0166860 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 05/22/2015 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 07/31/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 was a 58 year old male, who sustained an industrial injury, May 22, 2015. The injury was sustained while working in food services, lifting heavy trays into and out of the oven, heavy crates of fruit and heavy milk crates. The injured worker developed pain and locking of the right hip from accumulative trauma. The injured worker previously received the following treatments orthopedic evaluation, random toxicology laboratory studies which were negative for any unexpected findings, TENS (transcutaneous electrical nerve stimulator) unit, cane, right hip x-rays and Tramadol. The injured worker was diagnosed with right hip arthritis and or fusion. According to progress note of June 17, 2015, the injured worker's chief complaint was severe right hip pain, stiffness, inability to walk, shortening leg of the right hip and leg. The injured worker continued to work part time. The examination of the right hip noted shortening of the right hip. The injured worker walked with an antalgic gait, short-legged gait with a cane in the right hand, hiking over the left leg. The treatment plan included compound 300g with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound 300g with 3 refills applied 3xs per day, unspecified components: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Topical Analgesics, Compound drugs; http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. The components of the compound cream are not identified in the request or medical records and therefore "compound" cream is not medically necessary and the original UR decision is upheld.