

Case Number:	CM15-0184252		
Date Assigned:	09/24/2015	Date of Injury:	10/21/2013
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/18/2015

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 65-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 21, 2013. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for a topical-compounded agent. An August 19, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On July 1, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was not using any medications at this point, it was reported. The applicant had undergone earlier cervical spine and shoulder surgeries, it was reported. The applicant was not working, it was not acknowledged. On August 19, 2015, the applicant was described as having undergone a shoulder corticosteroid injection. The applicant was not using any medications, it was stated in one section of the note. In another section of the note, topical compounded cream was endorsed while the applicant was kept off of work. Further physical therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream 30 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: No, the request for topical-compounded cream is not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as the compound in question, as a whole, are deemed "largely experimental". Here, the attending provider failed to furnish a clear or compelling rationale for selection of the "largely experimental" topical compounded agent in question in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should be "knowledgeable" regarding prescribing information. Here, the ingredients and composition of the compound in question were not detailed. Therefore, the request is not medically necessary.