

<b>Case Number:</b>	CM15-0190466		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/21/2002
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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:

This injured worker is a 59 year old female who reported an industrial injury on 10-21-2002. Her diagnoses, and or impressions, were noted to include: right thumb pain; and right thumb trapezio-metacarpal degenerative joint disease; status-post right first carpometacarpal arthroplasty (8-13-15). No imaging studies were noted. Her treatments were noted to include: The progress notes of 9-10-2015 reported some ongoing pain at the base of the right thumb, and that she was taking Celebrex. The objective findings were noted to include: right thumb abduction-adduction findings; that the wound was healing nicely with no erythema or drainage; and excoriation of ulnar aspect of surgical scar due to itching and scratching. The physician's requests for treatment were noted to include a written prescription for scar away cream - Mometasone 0.1%, Ketotifen 0.5%, Tretinoin 0.05%, Pentoxifylline 1%, Sodium Hyaluronate 1%, Salicylic Acid 3%, Nifedipine 2%, Tranilast 1% 360 grams. The Request for Authorization, dated 9-11-2015, was noted for scar away cream: Mometasone 0.1%, Ketotifen 0.5%, Tretinoin 0.05%, Pentoxifylline 1%, Sodium Hyaluronate 1%, Salicylic Acid 3%, Nifedipine 2%, Tranilast 1% 360 grams. The Utilization Review of 9-16-2015 non-certified the request for a prescription for compound cream Mometasone 0.1%, Ketotifen 0.5%, Tretinoin 0.05%, Pentoxifylline 1%, Sodium Hyaluronate 1%, Salicylic Acid 3%, Nifedipine 2%, Tranilast 1% 360 grams.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Mometasone 0.1%, Ketotifen 0.5%, Tretinoin 0.05%, Pentoxifylline 1% Sodium Hyaluronate 1%, Salicylic Acid 3%, Nifedipine 2%, Tranilast 1% 360 gms:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant was injured back in 2002. This is a request for a compounded topical medicine. Per the Chronic Pain Medical Treatment Guidelines 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 anti-depressants and anti-convulsants 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 not medically necessary.