

Case Number:	CM15-0196708		
Date Assigned:	10/12/2015	Date of Injury:	08/20/1998
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 is a 53 year old female, who sustained an industrial injury on 8-20-98. The injured worker was diagnosed as having generalized osteoarthritis, ulnar collateral ligament sprain and strain, ulnar neuropathy, and carpal tunnel syndrome. Treatment to date has included bilateral carpal tunnel surgery, left ulnar nerve and ligament surgery, right elbow surgery, a home exercise program, and medication including compound cream, Neurontin, and Ultracet. On 8-31-15, the treating physician noted the patient "received the compound cream prescribed and reports significant improvement from the neuralgia pain to her wrist." Physical examination findings on 8-31-15 included positive Tinel's and Phalen's signs on bilateral wrists. On 7-30-15, pain was rated as 8 of 10. The injured worker had been using a compound cream since at least July 2015. On 8-31-15, the injured worker complained of wrist pain rated as 6 of 10. On 9-2-15 the treating physician requested authorization for compound cream, which was non-certified by Utilization Review on 9-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Upheld

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

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

Decision rationale: The CA MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. The lack of evidence to support use of topical compounds in general, coupled with the lack of evidence for failed treatment by other modalities, or any evidence of further clinical reasoning for an unspecified compounded cream makes the requested treatment not medically necessary and appropriate.