

Case Number:	CM15-0198031		
Date Assigned:	10/13/2015	Date of Injury:	02/07/2013
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 54 year old male, who sustained an industrial-work injury on 2-7-13. A review of the medical records indicates that the injured worker is undergoing treatment for right knee internal derangement, right knee medial meniscus tear and right shoulder rotator cuff tear. Treatment to date has included pain medication which consisted of Terocin patch, Lidocaine patch, anti-inflammatories, Omeprazole, fenoprophen ointment, ketoprofen ointment and Glfemk cream since at least 8-31-15, acupuncture with flare-ups, knee bracing, knee surgery, shoulder surgery, aquatic therapy 2 sessions to date with benefit. Medical records dated (7-29-15 to 8-31-15) indicate that the injured worker complains of persistent moderate constant bilateral shoulder and bilateral knee pain. The pain is described as sharp, throbbing, pounding with knife-like stabbing. The injured worker reports relief of pain with H-wave, elevation, ice and rest. The pain is increased with activities with swelling and throbbing with increased activity. The physician indicates in the medical record dated 8-31-15 that the injured worker is currently not taking medications. Per the treating physician report dated 8-31-15 the injured worker may return to modified work if available. The physical exam dated 8-31-15 reveals full range of motion in the bilateral shoulders, range of motion in the left knee is 120 degrees flexion with positive crepitus right lateral ligament. There is full range of motion in the left knee, skin rash on right knee and he limps with the right leg. The neurological status is normal. There is no documented neuropathic pain or post-herpatic pain. The request for authorization date was 9-3-15 and requested service included Glfemk cream #2. The original Utilization review dated 9-11-15 non-certified the request for Glfemk cream #2 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glifemk cream #2: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 recommended." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As noted above if any component of a topical product is not recommended the product cannot be recommended. As such the request for Glifemk cream x2 is deemed not medically necessary.