

Case Number:	CM15-0198376		
Date Assigned:	10/19/2015	Date of Injury:	08/17/2013
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old male who sustained an industrial injury on August 13, 2013. The worker is being treated for cervical, lumbar strain and sprain; right shoulder rotator cuff injury; right ankle sprain, right arm sprain, and right wrist sprain; lumbar disc displacement. Subjective: March 27, 2015, August 21, 2015, September 11, 2015 "a lot of pain in back." Objective: March 27, 2015, August 21, 2015, September 11, 2015 right wrist positive for tenderness to palpation and mild swelling; painful flexion and extension of wrist; right ankle with brace and use of orthotics. Medication: September 11, 2015 refilled Flurbiprofen. August 21, 2015 Flurbiprofen and Relafen was prescribed; May 14, 2015 Percocet, Zofran, Ibuprofen and Hydroxyzine; and July 28, 2015 Gabapentin, Percocet, and Ibuprofen. Treatment: activity modification, medication, acupuncture care, DME right ankle brace with orthotics, exercises and modality treatment, April 23, 2015 underwent right ankle surgery, cast application. On September 14, 2015 a request was made for compound cream 120 GM that was noncertified by Utilization Review on September 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream 30 grams: 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: Review indicates the provider noting the patient is on topical compound cream Gabapentin and Flurbiprofen. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and anti-epileptic over oral formulation for this chronic 2013 injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this chronic injury without improved functional outcomes attributable to their use. The Compound cream 30 grams is not medically necessary and appropriate.

Compound cream 120 grams: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic 2013 injury without documented functional improvement from treatment already rendered. The Compound cream 120 grams is not medically necessary and appropriate.