

Case Number:	CM15-0024704		
Date Assigned:	02/17/2015	Date of Injury:	10/23/2003
Decision Date:	04/02/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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: Arizona, California

Certification(s)/Specialty: 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 38 year old female injured worker suffered and industrial injury on 10/23/2003 involving the knees and low back. She was diagnosed with internal derangement of both knees and lumbar strain. A progress note on 9/23/14 indicated the claimant had right knee pain and that topical cream unspecified helps. The physician requested auth for the topical cream, which included Baclofen, Flexeril, Gabapentin and Diclofenac. The electromyography on 10/31/14 showed no abnormalities. The treatments were medications. The treating provider reported reduced range of motion to the lumbosacral spine with reduced sensation. A subsequent request was made on 1/6/15 for topical Kokua cream. The Utilization Review Determination on 1/8/2015 non-certified Topical Kokua Cream, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Kokua Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: The topical Kokua refers to the combination of topical Baclofen, Flexeril, Gabapentin and Diclofenac. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen as well as topical Gabapentin are not recommended due to lack of evidence. Since the compound above contains these topical medications, the compound in question is not medically necessary.