

<b>Case Number:</b>	CM15-0025172		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, New York, 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:

The applicant is a represented 66-year-old [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 22, 2002. In a Utilization Review Report dated January 16, 2015, the claims administrator failed to approve a request for a topical compounded lotion dispatched on November 25, 2014. The applicant's attorney subsequently appealed. On October 20, 2014, the applicant reported ongoing complaints of knee pain status post earlier left and right total knee arthroplasties. Medication selection or medication efficacy was not detailed. On July 25, 2014, however, the applicant was asked to continue an unspecified topical compounded medication. On July 20, 2014, the applicant was given a flurbiprofen-lidocaine containing compound. Preprinted checkboxes were employed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED RETRO Rx MMC Topical Lotion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** No, the topical compounded MMC lotion was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." Here, the attending provider's handwritten documentation was difficult to follow, not entirely legible at times, and did not clearly state why topical compounded medications were being furnished in favor of first-line oral pharmaceuticals. The bulk of the progress notes on file, furthermore, did not contain any explicit discussion of medication efficacy. The attending provider did not clearly state the ingredients in and/or composition of the compound in question. Therefore, the request was not medically necessary.