

Case Number:	CM15-0027378		
Date Assigned:	02/19/2015	Date of Injury:	10/03/2009
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/13/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 52 year old female, who sustained an industrial injury on 10/03/2009. The mechanism of injury was not noted. The diagnoses have included chronic ankle pain. Treatment to date has included conservative measures. Currently, the injured worker complains of left ankle pain. Tenderness over the post tibialis was noted. Full range of motion and good stability were noted. Cream for general joint pain 240 gm x3 refills (Diclofenac, Baclofen, Bupivacaine, Gabapentin, Ibuprofen, Pentoxifylline) was recommended. Current medications were not noted and radiographic imaging results were not referenced. On 2/03/2015, Utilization Review non-certified a request for general joint pain compound cream x3 refills, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

General join pain compound cream x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of a discussion of goals for efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding general joint pain compound cream in this injured worker, the records do not provide clinical evidence to support medical necessity.