

Case Number:	CM15-0027934		
Date Assigned:	02/20/2015	Date of Injury:	07/01/2011
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 69 year old male, who sustained an industrial injury on 7/1/11. The injured worker has complaints of severe lumbar spine pain radiating into the bilateral lower extremities and limitation in range of motion. He has pain with numbness in the bilateral anterior thighs and exacerbation occurs with sitting, walking and standing. The diagnoses have included lumbar disc bulge; lumbar radiculitis; lumbar facet arthropathy; sacroiliac joint pain; left shoulder sprain/strain, rule out left shoulder arthropathy and bilateral knee arthropathy, medial and lateral meniscar tears, medial and lateral collateral ligament strain. Treatment to date has included lumbar epidural injection 5/21/14 with no relief reported; bilateral L4-5, L5-S1 Facet Joint Medial Branch Blocks on 10/4/11, which provided approximately 50% relief lasting 2 weeks; radiofrequency neuolysis 11/14/11 without benefits and medications. Pain Management Report dated 1/22/15 noted that urine drug screening has been done randomly with no aberrations noted; medications do not fully alleviate his pain, rather they reduce it to a point where he can more comfortably go about his daily tasks and he does not suffer any adverse side-effects with his medications. The documentation noted that the injured workers Norco was reduced secondary to his pulmonologist's opinion that opiates were contributing to his respiratory problems. According to the utilization review performed on 2/4/15, the requested Compound topical creams 3 creams 20% has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Topical Analgesics were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical creams 3 creams 20%: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Furthermore, the components of the topical cream are not listed More information is needed to certify the request. Therefore, the request for Compound topical creams 3 creams 20% is not medically necessary.