

Case Number:	CM15-0028001		
Date Assigned:	02/20/2015	Date of Injury:	03/04/2011
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
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 53 year old female, who sustained an industrial injury on March 4, 2011. The diagnoses have included limb pain, myalgia and myositis, tendinitis and/or tenosynovitis of the elbow region, myofascial pain of the right upper extremity and neck/trapezius area, and tenosynovitis of the hand and wrist. Treatment to date has included bracing, trigger point injections, and medications. Currently, the injured worker complains of pain and numbness in the right arm, pain in the left wrist, ulnar forearm pain, and hand pain. The Primary Treating Physician's report dated December 17, 2014, noted the injured worker reported that the last trigger point injection was helpful. Physical examination was noted to show firm muscle knots in the trapezius, supraspinous, infraspinous, rhomboid, pectoralis and upper quadrant muscle groups, with tenderness to palpation in the bilateral elbows at the medial/lateral epicondyles as well as the common extensor mass/common flexor mass. On January 21, 2015, Utilization Review non-certified Topical compound cream apply 1-2 gm TID-QID 240gm 4 refills remaining, noting that this cream contains multiple components that are not recommended topically including baclofen and gabapentin, with no rationale presented for the use of the compound cream. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of Topical compound cream apply 1-2 gm TID-QID 240gm 4 refills remaining.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream apply 1-2 gm TID-QID 240 gm 4 refills remaining: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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. The compounded product drugs are not recommended as topical analgesic by MTUS guidelines. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical compound cream is not medically necessary.