

Case Number:	CM15-0217896		
Date Assigned:	11/09/2015	Date of Injury:	03/04/2013
Decision Date:	12/21/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/05/2015

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, Florida, 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 injured worker is a 37 year old male, who sustained an industrial-work injury on 3-4-13. The injured worker was diagnosed as having cervical disc protrusion, left medial epicondylitis, left shoulder tenosynovitis, lumbar disc protrusion, right knee sprain-strain, insomnia, anxiety, and depression. Treatment to date has included medication, physical therapy, manipulation therapy, injections, and diagnostic testing. Currently, the injured worker complains of multibody part pain to include frequent moderate sharp neck pain radiating to the hands with numbness and weakness; back pain becoming moderate pain radiating to the feet with numbness and weakness; left elbow has moderate dull pain becoming stabbing and radiating to the left small finger with tingling; right knee intermittent moderate sharp pain radiating to the right foot with cramping. Per the primary physician's progress report (PR-2) on 9-23-15 exam noted cervical decreased range of motion, pain with palpation over the C3-4 and C5-7 spinous process, spasms, pain with cervical compression. There was lumbar decreased range of motion and tenderness throughout the lumbar spinous process and muscle spasms. The left shoulder had decreased range of motion and tenderness. Current plan of care includes topical ointment for pain management. The Request for Authorization requested service to include FCMC ointment 120gram apply 3 times daily as needed in the AM. The Utilization Review on 10-15-15 denied the request for FCMC ointment 120gram apply 3 times daily as needed in the AM.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCMC ointment 120gram apply 3 times daily as needed in the AM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This claimant was injured in 2013 with cervical disc protrusion, left medial epicondylitis, left shoulder tenosynovitis, lumbar disc protrusion, right knee sprain-strain, insomnia, anxiety, and depression. There was neck, and lumbar pain. There was no mention of gastrointestinal intolerance to oral medicines, or failure of primary oral medicines. Per the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.