

<b>Case Number:</b>	CM15-0037449		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	12/14/2004
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: California

Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on December 14, 2004. The injured worker had sustained a thoracic spinal cord injury. The diagnoses have included a thoracic seven spinal cord injury (American Spinal Injury Association -B), neuro-cysticercosis, neurogenic bladder and neurogenic bowel. Treatment to date has included medications, radiological studies and a gym membership. Current documentation dated August 4, 2014 notes that the injured worker had a recent urinary tract infection and complained of weakness and headaches. Physical examination revealed the muscle strength in the lower body to be two plus with bilateral flexion and extension of the ankles. Hip flexion and extension was three plus, left flexion and extension three plus. The injured worker had decreased sensation of the lower body as documented. Upper extremity exam was grossly functional. The injured worker is basically wheelchair dependent. On February 16, 2015 Utilization Review non-certified a request for Aquaphor healing ointment 1.75 oz. # 2. Non- MTUS, ACOEM Guidelines, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Aquaphor healing ointment #2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Compound drugs Aquaphor, <http://discoveraquaphor.com/aquaphor-healing-ointment/>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 recommended. Official Disability Guidelines (ODG) indicates that compound drugs are not recommended as a first-line therapy. Criteria for compound drugs were presented. Include at least one drug substance (or active ingredient) that is the sole active ingredient in an FDA-approved prescription drug, not including OTC drugs and is not a copy of a commercially available FDA-approved drug product. The request for authorization dated 2/10/15 documented a request for the over-the-counter product Aquaphor healing ointment. No skin abnormalities were documented on the progress report dated 8/04/14. No recent progress reports supporting the request for Aquaphor healing ointment were presented in the submitted medical records. Topical analgesics in general are not supported by MTUS guidelines. The request for Aquaphor healing ointment is not supported. Therefore, the request for Aquaphor healing ointment is not medically necessary.