

Case Number:	CM15-0089248		
Date Assigned:	05/15/2015	Date of Injury:	08/30/2012
Decision Date:	06/22/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/08/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old female, who sustained an industrial injury on August 30, 2012. She reported low back pain, neck pain, bilateral hands pain and aching in bilateral knees. The injured worker was diagnosed as having lumbago and lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, acupuncture, chiropractic care, home exercise, medication and work restrictions. Currently, the injured worker complains of continued low back pain, neck pain, bilateral hands pain and aching in bilateral knees with associated tingling and numbness to bilateral upper extremities. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted all the previous conservative therapies only provided brief benefit. Evaluation on April 16, 2015, revealed improvement with flexion and decreased swelling. She was 10 weeks post-surgical intervention of the left knee. Evaluation on April 22, 2015, revealed continued pain as noted. It was noted non-steroidal anti-inflammatory agents were ineffective at relieving her pain. She was noted to require narcotics for pain relief. A compound pain cream was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Diclofenac, Gabapentin, Baclofen, Cyclobenzaprine, Lidocaine, Fluticasone, Stera base cream 240 grams with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. 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. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary.