

Case Number:	CM14-0125777		
Date Assigned:	08/13/2014	Date of Injury:	07/06/2013
Decision Date:	10/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 54 year old female injured on 07/06/13 while moving a stove. Prior treatment included acupuncture, chiropractic therapy, diagnostic studies, transcutaneous electrical nerve stimulation (TENS) unit, cold therapy, back support, left knee support, and medication management. Diagnoses included lumbar strain and left knee sprain with meniscal tear. Physical examination dated 12/23/13 was hand written and largely illegible. The injured worker continued to complain of left knee problems. Physical examination revealed restriction of lumbar spine with localized intense neurostimulation therapy provided. Treatment plan included physical therapy times twelve, acupuncture times twelve, urinalysis, and topical creams. Initial request was noncertified on 06/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Compound Cream 240gm (capsaicin 0.025%, flurbiprofen 15%, tramadol 15%) DOS 6/6/14: 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(s): 111.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore retrospective request for Capsaicin/Flurbiprofen /Tramadol 0.025/15/15 percent compound cream 240 gram date of service 6/6/14 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Retrospective request for Topical Compound Cream 240gm (Diclofenac 20%, tramadol 15%) x1 DOS 6/6/14: 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(s): 111.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Retrospective request for Diclofenac/Tramadol 20/15 percent topical compound cream 240 gram one prescription date of service 6/6/14 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.