

Case Number:	CM14-0126913		
Date Assigned:	08/13/2014	Date of Injury:	08/15/2013
Decision Date:	09/19/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 39-year-old female who reported an injury on 08/15/2013. The injured worker reportedly suffered a right upper extremity injury after a student threw an object at her. The current diagnosis is pain in a joint involving the upper arm. A Compound Prescription Form was submitted 06/09/2014 for several compounded creams. The latest physician progress report submitted by the requesting physician was documented on 07/07/2014. The injured worker presented following an MRI of the right upper extremity as well as a bone scan. It is noted that the injured worker's MRI revealed mild lateral epicondylitis with an insertional tear. There was no evidence of a fracture. The injured worker has remained tender and very symptomatic with findings compatible with reflex sympathetic dystrophy. The injured worker demonstrated guarding, intact motor tone and sensation, and hypersensitivity. The injured worker declined injections and surgical intervention. Treatment recommendations included anti-inflammatory creams and physical therapy twice per week for 4 weeks. There was no Request for Authorization Form submitted for the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream (Ketoprofen 10% Ketoprofen20% Cyclo 3% Capsaicin 0.0375% Methol 2% Camphor 1% Lidoderm base) QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is Diclofenac. Muscle relaxants are not recommended for topical use. Lidocaine, in the formulation of a cream, gel, or lotion is not recommended. Therefore, the current request cannot be determined as medically appropriate. There was also no frequency listed in the request. As such, the request is non-certified.