

Case Number:	CM14-0137416		
Date Assigned:	09/05/2014	Date of Injury:	06/12/1989
Decision Date:	10/06/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational 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:

There were 103 pages provided for this review. The request for independent medical review was signed on August 21, 2014. It was for compounded cream. Per the records provided, the claimant is described as a 65-year-old man who was injured back in the year 1989. He fell in a manhole and felt a pop or swelling in the right knee. As of September 11, 2013, it was noted that he had an injury to the amputated right lower extremity and left shoulder, and injury to the right and left elbows. The past medical history was remarkable for obstructive sleep apnea on CPAP, depression on Paxil, multiple blood clots on chronic Coumadin therapy, a left elbow epicondyle release in 1980, and the right elbow epicondyle release in 1981. There were multiple right knee surgeries. The other medicines include Roxicodone, Plavix, Coumadin, atenolol, Lipitor, Cymbalta, and Ambien. He has a complex pain history including right about the knee amputation resulting from the complications of multiple surgeries. There is reflex sympathetic dystrophy and chronic bilateral elbow pain complicated by multiple surgeries with the left side worse than the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cream-Gabapentin 5%, Diclofenac 3%, Cyclobenzaprine 3%, Baclofen 2%, Baclofen 2%, and Bupivacaine 1%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: 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 not medically necessary.