

Case Number:	CM14-0139115		
Date Assigned:	09/05/2014	Date of Injury:	10/30/2013
Decision Date:	10/09/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot pain and ankle pain reportedly associated with an industrial injury of October 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; a wheelchair; adjuvant medications; and extensive periods of time off of work. In a Utilization Review Report dated August 20, 2014, the claims administrator retrospectively denied a topical compounded cream reportedly dispensed on June 2, 2014. On March 17, 2014, the applicant consulted a chronic pain specialist. It was stated that the applicant was receiving indemnity benefits and was not currently working. The applicant was given prescriptions for Lyrica, Percocet, and a topical compounded cream, the ingredients of which were not detailed. It was stated that the applicant might have issues associated with chronic regional pain syndrome. A sympathetic ganglion block and Depo-Medrol injection were also recommended. The applicant was asked to consult a podiatrist. The topical compounded drug at issue was again refilled on June 2, 2014. The applicant was again placed off of work, on total temporary disability, at that point in time. Fentanyl patches, Motrin, and a lumbar sympathetic block were also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Medicated Compound-Cream Dispensed 6/2/14 (UNKNOWN CREAM): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Topical Analgesics

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, it is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Lyrica, Motrin, etc., effectively obviates the need for the topical compounded cream in question. Finally, the ingredients and composition of the cream in question have not been detailed. Therefore, the request is not medically necessary.