

Case Number:	CM14-0140227		
Date Assigned:	09/10/2014	Date of Injury:	10/12/2011
Decision Date:	10/29/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	08/29/2014

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 Practice 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 47 year old female injured on 10/12/11 when rear ended while driving a bus. Treatment to date included anterior cervical fusion in 2012, physical therapy, bilateral radiofrequency lesioning, and medication management. Diagnoses included status post cervical spine surgery, cervicgia, cervical facet arthropathy, cervical radiculopathy, possible carpal tunnel syndrome, post-procedure neuralgias, high anxiety, and neuritis. Clinical note dated 08/05/14 indicated the injured worker presented complaining of hypersensitivity of the skin on the right side of the neck and upper shoulder. The injured worker reported developing further range of motion and cervical strengthening. The injured worker also noted ability to use Norco on a limited basis. Physical examination revealed mildly reduced dermatomal testing over C8-7, C5-6 intact bilaterally, deep tendon reflexes to bilateral upper extremities 1+, neck supple with well healed right sided fusion scar, mildly tender on the right, muscle spasm through the splenius capitis and Trapezius/Levator Scapulae/Rhomboid, hypersensitivity to light touch over same areas. The injured worker prescribed compounded medication due to hypersensitivity. Initial request was denied on 08/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DERMATRANS, COMPOUNDED CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 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, CAMTUS, 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 Dermatrans, Compounded Cream is not recommended as medically necessary as it does not meet established and accepted medical guidelines.