

Case Number:	CM14-0045048		
Date Assigned:	07/02/2014	Date of Injury:	08/25/2003
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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:

This is a 54 year-old male with an 8/25/03 date of injury to his back after a slip and fall. The patient was seen on 1/16/14 with complaints of low back pain with radiation to the bilateral lower extremities and right knee pain. Exam findings revealed tenderness over the lumbar spine with decreased range of motion, tenderness over the SI joint, tenderness over the patella and decreased range of motion of the right knee. The diagnosis is lumbosacral radiculopathy. Treatment to date includes lumbar surgery, epidurals, right knee surgery, medications, ice packs, Physical Therapy, acupuncture, Interferential unit. An adverse determination was received on 4/3/14 given the ingredients of the topical compound creams were not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compounded medication dispensed on 3/3/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no documentation with regard to progress notes stating a topical compound medication is in the treatment plan. Thus, the rationale for this medication is not clear. In addition, the components of the topical compound cream were not provided. Therefore, the retrospective request for compounded medication dispensed on 3/3/2014 is not medically necessary and appropriate.

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