

<b>Case Number:</b>	CM14-0087530		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/17/2005
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 & Rehabilitation and is licensed to practice in California and Washington. 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 63-year-old female who reported a date of injury of 10/17/2005. The mechanism of injury was not indicated. The injured worker had diagnoses of pain in joint of the pelvic region and thigh, primary localized osteoarthritis in the pelvic region and thigh, enthesopathy of the hip region, sprain and strain of unspecified site of the hip and thigh, and status post right hip arthroscopy. Prior treatments included physical therapy and a home exercise program. Diagnostic studies were not indicated within the medical records provided. Surgeries included a right hip arthroscopy with psoas release after previous total hip replacement of unknown date. The injured worker had complaints of groin and hip pain bilaterally. The clinical note dated 05/19/2014 noted a tender right hip and no other changes. Medications included OxyContin and topical cream 3A. The treatment plan included the physician's recommendation for physical therapy, continuation of topical cream 3A, OxyContin, an epidural spine injection, and a cortisone right hip injection. The rationale and Request for Authorization form were not included within the medical records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream 3A:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Compound cream 3A is not medically necessary. The California MTUS Guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and also indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for a short term use of 4 weeks to 12 weeks. Any compounded product that contains at least 1 drug that is not recommended is not recommended. There is a lack of documentation indicating the injured worker has neuropathic pain, osteoarthritis, or tendinitis. There is a lack of documentation indicating the injured worker has failed trials of antidepressants and anticonvulsants as a first line treatment. Furthermore, the request did not specify the ingredients to be included within the topical compound. Additionally, the request as submitted did not specify the medication's dose or the frequency or application area for the medication's use. As such, the request for Compound cream 3A is not medically necessary.