

Case Number:	CM14-0097676		
Date Assigned:	08/01/2014	Date of Injury:	06/27/2013
Decision Date:	10/03/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 33 year old female who suffered a work related injury on 06/27/13; she was standing in a bent forward position, lifting boxes over period of time when she felt neck pain, low back pain, and mid back pain. Most recent clinical documentation submitted for review was dated 05/14/14 the injured worker presented with mildly improved neck pain, bilateral shoulder bilateral wrist, and lumbar spine bilateral knees. Low back radiated to left leg down to the toes with numbness and tingling. Pain was worse on lifting, sitting walking forward bending, neck pain worse with bending, right and left reaching above shoulder. Physical examination reveals cervical spine tenderness to palpation at C3 through C7. Bilateral shoulder limited range of motion. Positive supraspinatus stress test. Bilateral wrist is positive for Tinel's. Lumbar spine has tenderness to palpation L3-S1. Positive straight leg raise of bilateral lower extremities. Bilateral knee tenderness to palpation over joint lines. Diagnosis are lumbosacral spine strain/sprain, cervical spine sprain/strain, right shoulder sprain/strain, and right wrist sprain/strain. Magnetic resonance imaging (MRI) on 04/14/14 noted left shoulder supraspinatus and subscapularis tendinosis and left knee Baker cyst. Prior utilization review on 06/05/14 is non-certified. Current request was for FCMC cream 120mg, Keto creams 120mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCMC Creams 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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. There is no indication in the documentation that these types of medications have been trialed and/or 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. This compound does not meet established and accepted medical guidelines. The request for FCMC Creams 120mg is not medically necessary.

Keto Creams 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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. There is no indication in the documentation that these types of medications have been trialed and/or 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. This compound does not meet established and accepted medical guidelines. The request for Keto Creams 120mg is not medically necessary.