

<b>Case Number:</b>	CM14-0215665		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 53 year-old female who has reported neck, back, and extremity pain after an injury on 3/28/12. Diagnoses have included strains of the foot and ankle, neck, back, shoulder and arm; peroneal tendonitis, and carpal tunnel syndrome. Treatment has included multiple unconventional topical medications throughout the course of treatment. Per the PR2 of 12/8/14 there was multifocal pain. Examination showed tenderness along the peroneal tendons. There was no discussion of the results or indications for any medications. Treatment plan included pain management consultation, steroid injection to the left foot and ankle, continuation of physical therapy, and norco as needed. The treatment plan also included "Medication Cream", with no further information regarding this modality. On 12/17/14 Utilization Review non-certified unspecified compound medications, noting the recommendations in the MTUS and the records showing prescription for many different topical compounded medications. The Independent Medical Review application listed "Compound Medications" as the requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retro) DOS 06/11/12- 04/22/13 Compounded medications ( unspecified): 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 Medications for chronic pain Topical Medications Page(s): 60; 111-113.

**Decision rationale:** The request is for unspecified compounded medications. It appears that this is a request for some sort of topical analgesic, although this is not certain per the available information. The treating physician report and the Independent Medical Review application did not describe a specific medication for which medical necessity can be established. Given the many and varied medications that might be indicated in this clinical situation, an adequate prescription would be required. This would include the name of the medication, its ingredients, indications, as well as the quantity. Since the necessary details were not provided, the unspecified medication is not medically necessary. The MTUS citation provides direction for the use of topical analgesics, but the identity of the drugs in question is required to determine if the prescription meets the MTUS criteria. For these reasons, the request for unspecified compounded medications is not medically necessary.