

<b>Case Number:</b>	CM14-0215752		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	04/13/2001
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/09/2014
<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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 male worker with a work related injury dated April 13, 2001. The physician's visit dated October 15, 2014 reflected that the worker was experiencing left knee pain. Treatment included a knee brace, which increased ambulation from his ability to walk further distances and oral pain medications. The worker had a magnetic resonance imaging in 2012 that showed a medial meniscus degenerative tear and the worker underwent a left knee arthroplasty at that time. Physical exam at this visit was remarkable for ambulation with a walking cane, inability to completely extend his left knee with fifteen degrees short of full extension and 40 degrees flexion. Diagnosis at this visit included chronic right knee pain. Treatment plan documented included continuation of oral pain medications, continuation of current activity level to include home exercise program and work restriction to include sedentary work only. The utilization request dated November 26, 2014 requested authorization for a compounded cream 240 grams monthly to be applied four times per day as needed to help in conjunction with oral pain medication to decrease overall pain and increase the ability to stand, walk and complete activities of daily living. The UR determination dated December 9, 2014 denied the request for the compounded cream. The rationale for non-coverage was based on the ACOEM Table 3-1 that lists topical medication in the "not recommended" column. The ODG also reflects that there is mixed evidence about whether compounding topical medications are more effective than single medications. Based on the documentation in the ACOEM and the ODG the request for compounded topical cream was not medically necessary.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Medication: Compounded Cream 240 g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compounded cream is not specified. There is limited evidence to support most compounded topical analgesic. Based on the lack of ingredient detail and the guidelines above, the request for a compound cream is not medically necessary.