

Case Number:	CM15-0006938		
Date Assigned:	01/22/2015	Date of Injury:	08/13/2010
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/13/2015

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 57-year-old female sustained a work-related injury on 8/13/2010. The injury and its cause were not available for review. The diagnosis listed on the request for IMR is cervical spondylosis. Previous treatments, listed in the UR decision, include medications, physical therapy, activity modification, and cervical pillow. The treating provider requests 20 days' supply of KGLBC cream 240 grams. The Utilization Review on 12/29/2014 non-certified 20 days' supply of KGLBC cream 240 grams, citing CA MTUS Chronic Pain Medical Treatment Guidelines for topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGLBC cream 240 grams 20 days supply: 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): 111-112.

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. The compound in question contains topical anti-spasmodics (Baclofen) and Gabapentin. They are not recommended due to lack of clinical evidence to support their use. As a result, the compound in question is not medically necessary.