

Case Number:	CM15-0010291		
Date Assigned:	01/27/2015	Date of Injury:	02/01/2012
Decision Date:	03/17/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/18/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 41-year-old male, who sustained an industrial injury on 02/01/2012. He has reported neck pain. The diagnoses have included chronic neck pain and cervical radiculopathy. Treatment to date has included medications. Medications have included Motrin, Norco, Cymbalta, Trazadone, and Topical non-steroidal/analgesic cream. A progress note from the treating physician, dated 12/05/2014, documented a follow-up visit with the injured worker. The injured worker reported increased neck pain, with associated nausea/vomiting, over the past few weeks; continued constant neck/upper back pain with right arm/hand numbness; and medications help with pain control. Objective findings included tightness/tenderness of the bilateral cervical paraspinal muscles and the upper trapezius muscles and ambulation without an assistive device. The treatment plan includes continuation of medications as ordered; continuation to pursue physical therapy, cervical spine injections, and spine surgery consultation; and follow-up evaluation in four weeks. On 01/06/2015, Utilization Review modified a prescription for 2-Compound Creams. The ODG, Chronic Pain was cited. On 01/18/2015, the injured worker submitted an application for IMR for review of a prescription for 2-Compound Creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-Compound Creams: 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): 111-113. Decision based on Non-MTUS Citation Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. The treating physician has not indicated specific medications being requested. As such, the request for 2-Compound Creams is not medically necessary.