

Case Number:	CM15-0013564		
Date Assigned:	01/30/2015	Date of Injury:	03/11/2005
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/22/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

The injured worker (IW) is a 51 year old female who sustained an industrial injury from cumulative trauma on 03/11/2005. She has reported ongoing neck pain and pain in the upper and lower back. Diagnoses include cervical spondylosis with myelopathy. Treatments to date include cervical disc replacement surgery in November of 2011, and low back disc replacement at L4-5 on September 12, 2012, physical therapy, epidurals, acupuncture and chiropractic treatment. She recently completed a functional restoration rehabilitation program, and was prescribed oral and topical medications at discharge. In a progress note dated 12/19/2014, the treating provider reports the Injured Worker has decreased her medication intake and is continued on Norco at a low dosage, has discontinued use of Celebrex and Zanaflex, and takes gabapentin, Cymbalta and Trazadone, and is now independent in a home exercise program. On 12/26/2014 Utilization Review non-certified a request for Topical Compound Cream: (Diclofenac Powder sodium, Baclofen powder, Bupivacaine HCL powder, Gabapentin Powder, Ibuprofen Powder, Pentoxifyl Powder, Versatile Cream, Dimethyl Solution, Ethoxy Ethanol Liquid and Propylene Glycol Solution), noting that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS Chronic Pain, Guidelines, Topical Analgesics were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cream: (Diclofenac Powder sodium, Baclofen powder, Bupivacaine HCL powder, Gabapentin Powder, Ibuprofen Powder, Pentoxifyl Powder, Versatile Cream, Dimethyl Solution, Ethoxy Ethanol Liquid and Propylene Glycol Solution): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesia Page(s): 111.

Decision rationale: Topical analgesics are largely experimental with limited research which has determined efficacy. Furthermore, any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. A compounded topical cream was recommended for treatment of the patient's upper and lower back pain. Several of the requested components are not supported by the MTUS guidelines. Thus the topical compound cream requested is not medically appropriate and necessary.