

Case Number:	CM15-0013631		
Date Assigned:	02/02/2015	Date of Injury:	12/03/2012
Decision Date:	03/23/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/23/2015

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: California, Indiana, New York
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:

The injured worker is a 53 year old female, who sustained an industrial injury on December 27, 2012. The diagnoses have included cervical disc injury with two level cervical disc fusion, lumbosacral dis injury, lumbosacral radiculopathy, cervical sprain/strain injury, lumbosacral sprain/strain injury and myofascial pain syndrome. Treatment to date was not provided in document dated December 16, 2014. Currently, the injured worker complains of pain and discomfort. In a progress note dated December 16, 2014, the treating provider reports decreased cervical range of motion and lumbosacral range of motion. On January 5, 2015 Utilization Review non-certified a compound cream, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself the top treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there are no medical records from the treating physician. There are multiple utilization reviews in the record. Topical compounds are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain. There is no specific topical compound noted in the utilization review. Consequently, absent clinical documentation from the treating physician and a clinical indication or rationale along with a specific topical compound, compound cream is not medically necessary.