

Case Number:	CM15-0015689		
Date Assigned:	02/03/2015	Date of Injury:	06/29/2003
Decision Date:	03/26/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/27/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old male, who sustained an industrial injury on 6/29/03. He has reported right foot injury. The diagnosis is reflex sympathetic dystrophy of the lower limb. Treatment to date has included oral medications and compounded cream. Currently, the injured worker complains of right foot pain. Physical exam dated 12/10/14 revealed mottled, cool right foot with hypersensitivity and hyperesthesia. Extremely poor range of motion with flexion and extension is also noted. It is noted he has used compounded cream in the past with some relief of pain. On 12/24/14 Utilization Review non-certified 1 prescription of compound cream (Clonidine 0/2%, Gabapentin 5%, Imipramine 3%, Mefenamic Acid 3% and Tetracaine 2% 300g). The MTUS, ACOEM Guidelines, was cited. On 1/15/15, the injured worker submitted an application for IMR for review of 1 prescription of compound cream (Clonidine 0/2%, Gabapentin 5%, Imipramine 3%, Mefenamic Acid 3% and Tetracaine 2% 300g).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Compound cream (Clonidine 0.2%, Gabapentine 5%, Imipramine 3%, Mefenamic Acid 3%, Tetracaine 2% 300g): 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of knee pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. Therefore, the request for Prescription of Compound cream (Clonidine 0.2%, Gabapentine 5%, Imipramine 3%, Mefenamic Acid 3%, Tetracaine 2% 300g) is not medically necessary.