

Case Number:	CM15-0125137		
Date Assigned:	07/09/2015	Date of Injury:	02/10/2010
Decision Date:	08/12/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, 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:

The injured worker is a 59-year-old female, who sustained an industrial injury on 2/10/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having right/left shoulder impingement, thoracic sprain, bilateral elbow medial epicondylitis, and bilateral knee Achilles bursitis or tendinitis. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of severe bilateral knee pain. Current medication regimen was not noted and pain was not rated. She was currently not working. The treatment plan included Ibuprofen, Prilosec, and topical compound medications (to reduce pain and oral medication). The ingredients of the topical compounded medications were not listed. The patient sustained the injury due to cumulative trauma. Per the note dated 6/15/15, the patient had complaints of pain in back, neck, bilateral shoulder, wrist and foot. The patient has had complaints of gastrointestinal tract pain, bladder problem, anxiety and depression. Physical examination of the neck and back revealed tenderness on palpation, positive compression test, positive SLR, 4/5 strength, limited range of motion and decreased reflexes. The current medication list was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound medication; ingredients not specified: 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 Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Request Topical compound medication; ingredients not specified. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." 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 Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Evidence of diminished effectiveness of oral medications was not specified in the records provided. The active ingredients of the medication Topical Compound Cream were not specified in the records provided. Documentation of response of oral pharmacotherapy in conjunction with other rehabilitation therapy was not specified in the records provided. The medical necessity of the Topical compound medication; (ingredients not specified), is not fully established in this patient.