

Case Number:	CM15-0129099		
Date Assigned:	07/15/2015	Date of Injury:	09/14/2012
Decision Date:	08/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old female who sustained an industrial injury on 9-14-12. Diagnoses are cervicgia, cervical radiculopathy, failed neck surgery syndrome, bilateral knee pain, status post knee surgery, bilateral carpal tunnel syndrome, chronic pain syndrome, opioid dependency, anxiety, and depression. In a pain management re-evaluation dated 5-12-15, the primary treating physician notes the injured worker complains of bilateral knee pain, neck pain, depression, and bilateral wrist pain. She wears bilateral wrist and knee braces. Straight leg raise and Patrick's tests were negative. Facet loading and Spurling's are positive. There was tenderness to palpation over the cervical paraspinal musculature, upper trapezius, and sacroiliac joint region and over the knees bilaterally. She is currently not working. The plan is for Orthovisc injection to both knees, continue on long acting Oxymorphone and short acting Oxymorphone, continue and complete the course of psychologic evaluation for depression and anxiety, complete acupuncture, and continue compound analgesic cream for symptomatic relief of pain in the knee and neck area. The requested treatment is pharmacy purchase of a compound medication analgesic cream (unspecified dosage).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Compound Medication Analgesic Cream (Unspecified Dosage):

Upheld

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

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

Decision rationale: Pharmacy Purchase of Compound Medication Analgesic Cream (Unspecified Dosage) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per MTUS guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Without clarification of what medications or components are of these topical creams this request is not medically necessary.