

<b>Case Number:</b>	CM15-0073674		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 53 year old male who sustained an industrial injury on 11/26/2012. Diagnoses include lumbosacral sprain and strain with right sciatica, moderate disc narrowing L5-S1, status post right knee arthroscopy, and advanced osteoarthritis of the right knee. Treatment to date has included diagnostic studies, medications, right knee arthroscopy, Synvisc injections, chiropractic treatments, and knee brace. A physician progress note dated 03/24/2015 documents the injured worker complains that lumbosacral pain is worse. He woke up yesterday with severe right sided pain. It subsided to a 1 out of 10 on the pain scale but it increases with any type of movement. Right knee pain is rated a 2-3 out of 10. He had a visco supplement injections that increased his pain. The treatment plan includes chiropractic treatments, a onetime prescription of Norco 5/325mg, Motrin, Prilosec, and compounded creams. Treatment requested is for Compounded Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded Cream:** 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 Functional Restoration Approach to Chronic Pain Management and topical analgesics Page(s): 7 and 111-113.

**Decision rationale:** Compounded cream is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. According to the Chronic Pain Treatment Guidelines MTUS, there is little use to support the use of many of these topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request does not specify the ingredients of this cream or a quantity or a body part for application therefore this request is certified as not medically necessary.