

Case Number:	CM15-0076616		
Date Assigned:	04/28/2015	Date of Injury:	10/21/2014
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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
 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:

This 70 year old woman sustained an industrial injury on 10/21/2014 after twisting her left leg and foot while walking down stairs. Evaluations include an undated left knee x-rays and MRI. Diagnoses include cervical radiculitis, cervical sprain/strain, rule out cervical disc protrusion, thoracic sprain/strain, lumbar radiculitis, lumbar sprain/strain, rule out lumbar disc protrusion, left knee lateral and medial meniscus tear, left knee sprain/strain, anxiety, and depression. Treatment has included oral medication and physical therapy. Physician notes dated 12/3/12014 show complaints of bilateral knee and neck pain with radiation down to the hands and mid and low back pain that radiates to the bilateral feet. Recommendations include cervical spine, lumbar spine, and left knee x-rays, trial chiropractic treatment, cervical and lumbar spine MRI, TENS unit for home use, orthopedic surgery consultation, Naproxen, Omeprazole, Cyclobenzaprine, and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCMC ointment, 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 111 - 112.

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

Decision rationale: This injured worker receives treatment for chronic pain. This relates back to a work-related injury dated 10/21/2014. The patient receives treatment for chronic neck pain with radiation, low back pain with radiation, L knee pain, and major depression. FCMC is a topical compounded analgesic. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. NSAIDs are associated with patient harms when chronic kidney disease is present. This medical issue was not addressed in the documentation. There was no documentation that is topical ointment led to improvement in function. FCMC ointment is not medically necessary.

KETO ointment, 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 112.

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

Decision rationale: This injured worker receives treatment for chronic pain. This relates back to a work-related injury dated 10/21/2014. The patient receives treatment for chronic neck pain with radiation, low back pain with radiation, L knee pain, and major depression. Keto ointment is a topical analgesic containing ketotifen, an NSAID. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that product cannot be recommended. None of the NSAIDs are medically indicated to treat chronic pain when used as an ointment. Keto ointment is not medically necessary.