

Case Number:	CM15-0096058		
Date Assigned:	05/26/2015	Date of Injury:	12/11/2010
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, 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 52-year-old male who reported an industrial injury on 12/11/2010. His diagnoses, and/or impressions, are noted to include: lumbar degenerative disc disease; right carpal tunnel syndrome; right wrist sprain/strain; right knee internal derangement and oblique meniscus tear; and left knee internal derangement with anterior cruciate and oblique tears. No current imaging or electro diagnostic studies are noted. His treatments have included surgery and medication management. The progress notes of 2/4/2015 reported constant radiating pain in the lumbar spine, down to the coccyx and both legs; severe right wrist pain; moderate-severe right knee pain; and slight, intermittent left knee pain following successful (80%) surgery. The objective findings were noted to include. The physician's requests for treatments were noted to include an analgesic compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Capsaicin 0.025%, Mentho 2%, Camphor 2%, Gabapentin 10%, Flurbiprofen 15% in a Vera pro base 70.975%, 180 gm: 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 topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended due to lack of evidence. The claimant was given oral analgesics in conjunction with topical analgesics. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.