

Case Number:	CM14-0141406		
Date Assigned:	09/10/2014	Date of Injury:	11/16/1997
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old female who reported being run down by a souvenir cart on 11/16/97. The cart contained over 500 pounds of product. She sustained injuries to her leg and tailbone and complained of chronic left shoulder and low back pain. The injured worker was treated with oral medications and physical therapy. She was ultimately taken to surgery and underwent left shoulder subacromial decompression of rotator cuff repair on 06/06/14. The current medication profile included Butrans 20mcg/hour, Percocet 10 325mg and Cymbalta 60mg. Utilization review determination dated 08/13/14 non-certified the request for compound topical medication: lipo cream base 60%/diclofenac sodium 60%/clonidine HCl 20%/lidocaine HCl 30%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical medication: Lipo Cream Base 60%/ Diclofenac Sodium 60%/ Clonidine HCL 20%/ Lidocaine HCL 30%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

Decision rationale: The request for compound topical medication: lipo cream base 60%/diclofenac sodium 60%/clonidine HCl 20%/lidocaine HCl 30% is not recommended as medically necessary. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Clonidine HCL 20% which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.