

Case Number:	CM13-0004865		
Date Assigned:	06/09/2014	Date of Injury:	02/16/2010
Decision Date:	07/31/2014	UR Denial Date:	07/21/2013
Priority:	Standard	Application Received:	07/31/2013

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 Occupational Medicine and is licensed to practice in California. 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 claimant was injured on 02/16/10. Transdermal medication is under review. The claimant is status post a series of epidural injections. This helped her right leg radiculopathy for 1 week. She was given topical medication which was not certified. Other topical agents were recommended in 2013 on an unclear date. On 09/23/13, she stated that Norco and Soma made her pain better. Hot packs also helped. She had tried tramadol but it did not help in the past. On 09/23/13, she was prescribed Vicodin extra strength, Soma, Prilosec, and Relafen. An MRI of the thoracic spine was unremarkable in October 2013. The claimant had a Qualified Medical Evaluation on 01/02/14. She had pain in her neck. She was injured when she was entering to pick up a vehicle through two gates. The second gate required multiple attempts to push it open. She strained both shoulders and the neck area. An MRI and part-time work were recommended. On 12/06/13, she saw [REDACTED] and received refills of Vicodin, Relafen, Prilosec, Soma, and Xanax. She remained on Xanax and Norco on 01/17/14. On 01/31/14, she remained on Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: TRANSDERMAL PATCH #30 (6/28/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Transdermal Patches #30. The CA MTUS page 143 states topical agents may be recommended as an option [but 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. (Namaka, 2004). These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. There is no evidence of failure of all other first line drugs including acetaminophen, antidepressants, and antineuropathic agents that are used for chronic pain control. The claimant received refills of her other medications on multiple occasions with no documentation of side effects or ineffectiveness. Therefore, the retrospective request for transdermal patch #30 (DOS: 6/28/2013) is not medically necessary and appropriate.