MAXIMUS Federal Services

Case Number:	CM13-0018304		
Date Assigned:	01/03/2014	Date of Injury:	02/17/2011
Decision Date:	07/24/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 64-year-old male who reported an injury on 04/18/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 04/18/2013 indicated the injured worker had an open wound over the right leg. The injured worker was urged to go to the ER to rule out cellulitis. The injured worker reported neck; low back; and bilateral leg pain, moderate in severity. The injured worker's prior treatments were not provided for review. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Genicin 500, ketoprofen cream, and caps cream 5 TCG 180 grams. The provider submitted a request for Genicin, ketoprofen cream, caps cream 5 TCG. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF GENICIN 500MG, #90 (DOS: 4/25/13): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Glucosamine (and Chondroitin sulfate).

Decision rationale: The request for RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF GENICIN 500MG, #90 (DOS: 4/25/13) is non-certified. The Official Disability Guidelines (ODG) states Genicin (Glucosamine) is recommended given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). There was lack of documentation regarding a complete physical exam. In addition, the documentation submitted did not indicate the injured worker had findings that would indicate he was at risk for moderate arthritis pain. Furthermore, the request did not indicate a frequency for the medication. Therefore, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF KETOPROFEN (NAP) CREAM L, 180GM (DOS: 4/25/13): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The request for RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF KETOPROFEN (NAP) CREAM L, 180GM (DOS: 4/25/13) is non-certified. The California MTUS guidelines state topical analgesics 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. Ketoprofen is a Non FDA-approved agent. The guidelines also state Ketoprofen not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Ketoprofen is not currently FDA-approved as a topical agent. In addition, it is not indicated that the injured worker had tried and failed other antidepressants or anticonvulsants. Furthermore, the request did not indicate a frequency for the medication. Therefore, the request for ketoprofen is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF CAPS (NAP) CREAM 5 TGC, 180GM (DOS: 4/25/13): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, page112 Page(s): 112.

Decision rationale: The request for RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF CAPS (NAP) CREAM 5 TGC, 180GM (DOS: 4/25/13) is non-certified. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain whentrials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. It was not indicated that the injured worker had tried and failed antidepressants or anticonvulsants. In addition, capsaicin is recommended for postherpetic neuralgia, diabetic neuropathy, and pos tmastetic (post mastectomy?) pain. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for postherpetic neuralgia, diabetic painful neuropathy, or post mastectomy pain. Furthermore, the request did not indicate a frequency for the med. Therefore, the request is not medically necessary.