

<b>Case Number:</b>	CM13-0018592		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Hawaii. 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 patient is a 61 year old male injured on 12/13/10 while performing his duties as a security guard utilizing a segway. Current diagnoses include left elbow osteoarthritis and forearm arthropathy. The patient underwent treatment with acupuncture, topical creams, narcotic pain medications, and chiropractic/physiotherapy modalities. The clinical note dated 10/02/13 indicates the patient continues with left elbow pain with minimal tenderness to palpation over the olecranon process of the left elbow, slightly decreased range of motion of the left elbow, with no other abnormalities noted. The patient complains of left elbow pain rated at 2/10 in severity. There was no medication list provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXOTEN-C PAIN RELIEF LOTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that the safety and efficacy of compounded medications has not been established through rigorous clinical trials.

Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components that have not been approved for transdermal use. Therefore, Exoten-C Pain Relief Lotion cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

**COLOX CAPSULES, 1 MONTH SUPPLY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

**Decision rationale:** Colox capsules are an herbal compound of three herbs (Boswellia serrata, Curcuma longa, and Withania somnifera) that are used to treat rheumatoid arthritis or osteoarthritis. The MTUS guidelines state that Boswellia Serrata Resin (Frankincense) is not recommended for chronic pain and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the requested Colox capsules are not medically necessary.

**CONDROLITE 500/200/150MG, 1 MONTH SUPPLY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that Condrolite is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Progress notes do not indicate knee osteoarthritis. MRI results do show that the patient has osteoarthritic changes at the humeroulnar and humeroradial joints, but the progress notes do not attribute his elbow pain to arthritis. The elbow pain is attributed to his elbow fracture. As such, the requested Condrolite 500/200/150mg, 1 Month Supply is not medically necessary.

**TOPROPHAN, 1 MONTH SUPPLY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), HERBAL MEDICINES.

**Decision rationale:** Toprophan is a nutritional supplement containing vitamin B6, L-Tryptophan, chamomile, valerian extract, melatonin, inositol and other ingredients. The toprophan insert specifically states that the combination of these ingredients may aid patients in falling and staying asleep. Regarding herbal medications, the ODG states that caution is advised since product quality may be uncertain due to the lack of regulations. The medical documents provided do not indicate that the patient is having difficulty falling and staying asleep. Additionally, the treating physician did not document what first line sleep disturbance treatment has been attempted and the results of those treatments. As such, the request for Toprophan, 1 Month Supply cannot be recommended as medically necessary.