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| Case Number: | CM13-0026090 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 04/22/2008 |
| Decision Date: | 01/22/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/19/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 61 year-old female with a 4/22/2008 injury. The 7/12/13 report from [REDACTED] shows a diagnosis of CTS; left wrist ganglion cyst, ulnar neuropathy/ cubital tunnel syndrome, prior left shoulder surgery; s/p left cubital tunnel release 2008, elbow epicondylitis; cervical strain, s/p cubital tunnel release 10/7/10, sleep disturbance and anxiety and depression. The IMR application shows a dispute with the 9/4/13 UR decision for non-certification of the Exoten-C lotion and Cartivisc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C lotion 0.002%/10% /20%, #120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The earliest report available from [REDACTED] for this review is dated 11/30/12. The reports provided do not discuss efficacy of compounded topical Exoten-C. Exoten-C contains methyl salicylate, menthol and capsaicin. MTUS states "Any compounded

product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS for compounded topical analgesics states ". Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed" The compound contains Capsaicin, and MTUS for capsaicin states" Recommended only as an option in patients who have not responded or are intolerant to other treatments" There is no discussion in the available records on trial of other treatments, no discussion of a trial or failure of an antidepressant and anticonvulsant. The patient does not meet the MTUS criteria for Capsaicin, and therefore does not meet the criteria for the whole compounded topical, Exoten-C

Cartivisc 500/200/150 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: Cartivisc is a compounded medication with glucosamine and chondroitin and MSM. MTUS has some support for Glucosamine sulfate, but not glucosamine HCL. MTUS does not appear to recommend MSM, as it refers readers to the DMSO section in CRPS medications. Cartivisc is not in accordance with MTUS guidelines because of the MSM component. MTUS gives a general statement on compounded products: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.