

<b>Case Number:</b>	CM13-0036871		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that the patient is a 44-year-old female who was injured on October 15, 2009. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated September 2013, indicates that there were ongoing complaints of depression and crying. No focused physical examination was performed. Celexa and Risperdal were prescribed. A request had been made for compound medications; Matzim LA, Viagra, cimetidine and Crestor; which were not certified in the pre-authorization process on October 10, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The compound medication containing ketoprofen (20%), lidocaine (5%) and cyclobenzaprine (1%), 180gm: 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): 111.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, only topical analgesics including anti-inflammatories, lidocaine, and capsaicin are indicated for usage. There

is no known benefit to additional ingredients. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally ketoprofen is not FDA approved for topical application. Therefore, the request is not medically necessary.

**Matzim LA 360mg (#90): 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 website MedLibrary.org.

**Decision rationale:** Matzim LA is a medication for high blood pressure. There was no mention in the attached medical record of any relation of high blood pressure to the injury. Therefore, the request is not medically necessary.

**The compound medication containing Irbesartan and Hydrochlorothiazide 300/12.5mg (#90): 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 National Library of Medicine -www.nlm.nih.gov - MedlinePlus.

**Decision rationale:** Irbesartan/hydrochlorothiazide is a medication for high blood pressure. There was no documentation in the attached medical record that high blood pressure is related to the injury. Therefore, the request is not medically necessary.

**The compound cream containing Methyl Salicylate (30%), Menthol (10%), and Capsaicin (25%), 360gm,: 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): 111.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, only topical analgesics including anti-inflammatories, lidocaine, and capsaicin are indicated for usage. There is no known benefit to additional ingredients. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.

**Viagra 100mg (#45): 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 National Library of Medicine -[www.nlm.nih.gov](http://www.nlm.nih.gov) - MedlinePlus.

**Decision rationale:** Viagra is a medication for erectile dysfunction. There was no documentation in the attached medical record that erectile dysfunction was related to the injury. Therefore, the request is not medically necessary.

**Cimetidine 800mg (#180): 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 National Library of Medicine -[www.nlm.nih.gov](http://www.nlm.nih.gov) - MedlinePlus.

**Decision rationale:** Cimetidine is an H2 blocker designed to treat ulcers, gastroesophageal reflux disease and other conditions where the stomach produces too much acid. There was no documentation in the attached medical record that the injured employee had any gastroesophageal symptoms secondary to the injury. Therefore, the request is not medically necessary.

**Crestor 10mg (#90): 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 National Library of Medicine -[www.nlm.nih.gov](http://www.nlm.nih.gov) - MedlinePlus.

**Decision rationale:** Crestor is a medication used to treat high cholesterol. There was no documentation in the attached medical record that high cholesterol was related to the employee's injury. Therefore, the request is not medically necessary.