

Case Number:	CM13-0044671		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2011
Decision Date:	04/30/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine, Pulmonary Diseases 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 patient is a 53-year-old female who reported an injury on 05/20/2011. The mechanism of injury was not provided in the medical records. The patient was diagnosed with generalized pain and osteoarthritis. The patient's symptoms included increased constant pain which she described as sharp, stiff, and numb in character with radiation. She also stated that the increase in left knee pain was causing increased right knee pain. Physical examination revealed tenderness upon palpation to the right knee. The right knee range of motion was captured. Past medical treatment included physical therapy and vicoprofen, Norco, Somnacin, Genicin, and ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PHARMACY PURCHASE OF CAPS (NAP) CREAM 5+ TGC COMPOUND: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also,

they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The use of these compounded agents require knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines also state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted for review failed to provide evidence of the need for a combination topical analgesic. In addition to that, the documentation failed to provide evidence of the patient not responding or being intolerant to other treatments. Therefore, the request is not supported. Additionally, the request did not indicate what frequency or dosage at which the medication was prescribed in order to determine the necessity. Given the above, the request for retrospective pharmacy purchase of caps (NAP) cream 5+ TGC compound is non-certified.