

Case Number:	CM14-0005168		
Date Assigned:	01/24/2014	Date of Injury:	09/12/2012
Decision Date:	06/02/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/14/2014

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 Family Medicine and is licensed to practice in Arizona. 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 with a date of injury 9/12/2012. The patient has had ongoing symptoms related to his right knee, and has a diagnosis of a torn right knee meniscus. The subjective complaint is of right knee pain. Physical exam revealed a right knee effusion. The patient's medications include Naproxen, Soma, and Vicodin. The patient was recommended to undergo knee surgery. Compounded medications were dispensed on 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDROX OINTMENT: 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: Medrox is a compounded medication that includes Methyl Salicylate, Menthol, and Capsaicin. The California Chronic Pain Medical Treatment Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. While Capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylates have

been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to Capsaicin and Menthol not being supported for use in this patient's pain, there is no documentation identifying any objective or subjective benefit from adding this medication. Therefore, the Medrox ointment was not medically necessary or appropriate.

RETROSPECTIVE COMPOUNDED MEDICATION: TRAMADOL, GABPENTIN, MENTHOL, CAMPHOR. CAPSAICIN: 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 and AED Page(s): 111-113, 116.

Decision rationale: This request is for topical Gabapentin and Tramadol. The California MTUS indicates that Gabapentin is an anti-seizure medication and is recommended for neuropathic pain. The California MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of anti-epileptic drugs (AED) for neuropathic pain depends on these improved outcomes. The medical records do not indicate any evidence of neuropathic pain. These compounded topical medications are not in compliance to current use guidelines. Further, there is no clear documentation of clinical improvement. Therefore, the compounded medication was not medically necessary or appropriate.

RETROSPECTIVE COMPOUNDED MEDICATION: FLURBIPROFEN/CYCLOBENZAPRINE: 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: This request is for topical Cyclobenzaprine. The California MTUS states that there is no evidence for use of any muscle relaxant as a topical product. These compounded topical medications are not in compliance to current use guidelines. Further, there is no clear documentation of clinical improvement. Therefore, the compounded medication was not medically necessary or appropriate.