

Case Number:	CM14-0005846		
Date Assigned:	01/24/2014	Date of Injury:	09/28/2010
Decision Date:	08/04/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 59-year-old male who reported an injury on 09/28/2010; the mechanism of injury was not provided. On 12/02/2013, the injured worker presented with headaches, dizziness, decreased concentration, decreased sleep, noise in ears, depression, lost feeling, disorientation and jaw pain. On examination, the injured worker remained depressed. He had an unsteady gait and walked with a cane and had tenderness and a click of the left jaw. Prior therapy included medications and topical analgesics. The diagnoses were post-traumatic head syndrome and probable left temporomandibular joint disorder. The provider recommended Mentoderm gel and Medrox patches, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 CONTAINER OF MENTODERM GEL DOS 11/4/2013: 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.

Decision rationale: Guidelines state that transdermal compounds are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended for use. The guidelines note that Capsaicin is only recommended as an option for injured workers who are not responding to or who are intolerant to other treatments. The included medical documentation does not mention a prior trial of antidepressants or anticonvulsants to justify the requested topical analgesics. Additionally, the injured worker is not documented to have been intolerant to, or nonresponsive to other treatments for the use of Capsaicin. The provider's request also does not indicate the dose, frequency or the site for which the topical analgesics were intended. As such, the request is not medically necessary.

RETROSPECTIVE REQUEST DOS 11/4/2013 FOR 30 MEDROX PATCHES: 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.

Decision rationale: Guidelines state that transdermal compounds are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended for use. The guidelines note that Capsaicin is only recommended as an option for injured workers who are not responding to or who are intolerant to other treatments. The included medical documentation does not mention a prior trial of antidepressants or anticonvulsants to justify the requested topical analgesics. Additionally, the injured worker is not documented to have been intolerant to or nonresponsive to other treatments for the use of Capsaicin. The provider's request also does not indicate the dose, frequency or the site for which the topical analgesics were intended. As such, the request is not medically necessary.