

<b>Case Number:</b>	CM14-0009020		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	05/03/2005
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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 65 year old female who was injured on 05/03/2005. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing a right total hip arthroplasty on 01/24/2012. She has undergone a course of physical therapy. Medications include Protonix, Nexium and Flexeril. PR-2 dated 12/17/2013 documented the patient with complaints of horrible acid reflux. The Dexilant does not seem to working as well. She states that she has to get up every night and elevated her bed. The rectangle of pain is in the upper back and back of neck. Objective findings on exam reveal cervical range of motion is 25 degrees of extension that causes discomfort on the right side and 45 degrees of flexion which causes pain to the chest. There is prominent tenderness at C7-T1. The remainder of back is nontender. There is no lower extremity edema. Diagnoses: 1. Very tight cervical muscles 2. Concern for deteriorating discs/segments at CT junction. 3. Status post thoracolumbar fusion 4. Uncontrolled gastroesophageal reflux Treatment Plan: Fitness Program UR dated 12/23/2013 denied the request for Neurogenic 10 Ointment because evidence-based guidelines do not consistently support compounded medications. The request for long term independent fitness program for 1 year was not recommended because there was no documentation that the patient is deconditioned and requires a structured environment to perform prescribed exercises, reasons why reconditioning cannot be accomplished with a home based program of exercise, specific prescribed exercises stated in objective terms, a specific set of prescribed activities, a specific timetable of progression in those activities and a prescribed frequency of attendance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEUROGENIC 10 OINTMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** This product is a topical compounded medication. Based on the documented subjective complaints and objective examination findings, the medical records do not establish this patient has neuropathic pain. According to the guidelines, only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors (SNRI), anti-depressants or an Anti-Epilepsy Drugs (AEDs) such as gabapentin or Lyrica). Regardless, the guidelines state no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Only FDA-approved products are currently recommended. The medical records detail use of oral medications and exercise, but consequently failure or intolerance to other treatments is not demonstrated. The medical necessity of this topical product is not established, and therefore the request is not medically necessary and appropriate.

**LONG TERM INDEPENDENT FITNESS PROGRAM FOR ONE YEAR:** 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 Official Disability Guidelines (ODG), Fitness for Duty, Exercise Fitness Program

**Decision rationale:** CA MTUS guidelines do not specifically discuss the issue in dispute. The ODG recommend Exercise Fitness Programs when specialized equipment or exercises are necessary. The medical records document no home exercise program or education regarding a home exercise program. Further, the documents show no specific information such as frequency, intensity, duration, or form of exercise recommended. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is not medically necessary and appropriate.