

Case Number:	CM14-0102676		
Date Assigned:	09/24/2014	Date of Injury:	06/28/2013
Decision Date:	10/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain management, 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:

According to the records made available for review, this is a 47-year-old male with a June 28, 2013 date of injury. At the time of the request for authorization for compound oral suspensions, there is documentation of subjective (bilateral wrist and hand pain radiating into the neck and shoulders) and objective (slight edema noted at both hands, locking of the index fingers is noted bilaterally, non-specific tenderness noted over both wrists and over both thumbs, +2 tenderness to palpation at A1 pulley of the index fingers bilaterally, decreased wrist range of motion bilaterally, 3/5 strength) findings, current diagnoses (bilateral wrist MCP joint osteoarthritis and bilateral hand synovial cyst), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound oral suspensions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (forearm/wrist/hand and chronic pain) Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Pain Chapter, Co-pack drugs

Decision rationale: The MTUS does not address the issue. ODG states co-packs are convenience packaging of a medical food product and a generic drug into a single package that

requires a prescription. While the generic drug is FDA-approved, the co-pack of a medical food and FDA-approved drug is not unless the manufacturer obtains FDA approval for the product as a new drug. There are no high quality medical studies to evaluate co-packs on patient outcomes. Therefore, based on guidelines and a review of the evidence, the request for compound oral suspensions is not medically necessary or appropriate.