

Case Number:	CM14-0011784		
Date Assigned:	07/02/2014	Date of Injury:	10/11/2011
Decision Date:	10/02/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/29/2014

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 51-year-old male with a 10/11/11 date of injury. At the time (8/7/13) of request for authorization for Theramine #60 tablets, topical creams, and Medrox patches, there is documentation of subjective findings of neck pain, right shoulder pain, right elbow pain, bilateral wrist pain radiating to the fingers, and low back pain and objective findings of limited cervical range of motion due to pain, positive Spurling's and shoulder depression tests, positive foraminal compression test' limited shoulder range of motion due to pain with positive impingement signs, positive Tinel's sign at the right elbow, painful wrist range of motion with positive Phalen's and Tinel's signs bilaterally, and limited lumbar range of motion due to pain with positive straight leg raise and Kemp's test. The current diagnoses are cervical disc disease, lumbar disc disease, status post right shoulder surgery, right shoulder impingement syndrome, right elbow ulnar nerve compression, and bilateral wrist carpal tunnel syndrome. The treatment to date includes ongoing therapy with Medrox patch, topical creams, and Theramine since at least 8/21/13. In addition, medical report identifies a request for topical creams which include: Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2%; Flurbiprofen 25%, Cyclobenzaprine 2%; and Gabapentin 10%, Lidocaine 5%, Tramadol 15% 240 grams each.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #60 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Theramine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Theramine.

Decision rationale: MTUS does not address the issue. ODG identifies that Theramine is a medical food and is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Theramine #60 tablets is not medically necessary.

Topical creams: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for topical creams is not medically necessary. Within the medical information available for review, there is documentation of diagnoses of cervical disc disease, lumbar disc disease, status post right shoulder surgery, right shoulder impingement syndrome, right elbow ulnar nerve compression, and bilateral wrist carpal tunnel syndrome. In addition, there is documentation of a request for topical creams which include: Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2%; Flurbiprofen 25%, Cyclobenzaprine 2%; and Gabapentin 10%, Lidocaine 5%, Tramadol 15% 240 grams each. However, the requested topical creams contain at least one drug (Gabapentin and Lidocaine) and drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for topical creams is not medically necessary.

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): 111-113.

Decision rationale: Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. MTUS Chronic Pain Medical Treatment

Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical disc disease, lumbar disc disease, status post right shoulder surgery, right shoulder impingement syndrome, right elbow ulnar nerve compression, and bilateral wrist carpal tunnel syndrome. However, Medrox cream contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Medrox patches is not medically necessary.