MAXIMUS Federal Services

Case Number:	CM14-0012322		
Date Assigned:	02/21/2014	Date of Injury:	10/12/1999
Decision Date:	08/07/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/30/2014

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 Tennessee. 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:

This is a 59 year-old male with a 10/21/99 date of injury. On 12/14 the patient was seen complaining of neck and low neck pain with exam findings of decreased cervical and lumbar range of motion, diminished sensation in C5-7C5-C7 The patient was seen on 1/9/14 with complaints of 6/10 pain in the left shoulder and thumb. Exam findings revealed swelling, limited range of motion of the left hand and wrist. There is atrophy in the quadriceps. Treatment to date: medication, laminectomy, heat, ice, NSAIDS, medial branch blocks, rhizotomy. An adverse determination was received on 1/22/14 for undocumented reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therafelx transdermal cream: 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): 25, 28, 111-113.

Decision rationale: An online search revealed Deionized, distilled waterMethyl salicylate (wintergreen) Copper Amino acid complexZinc Amino acid complexManganese Amino acid complexMSMLysine-aspartate (dipeptide)Aloe vera DPG (highly purified licorice

extract)Proprietary herbal blend including Arnica, Turmeric, Ginger, Boswellin, Angelica, Smilacis, Fang feng, Bai Shao (white peony)Sweet Almond oilCapric caprylic triglyceridesEmulsifying agents (including Arlacel, Glyceryl stearate, Polawax). CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains topical Boswelin, which is not recommended per MTUS guidelines. Therefore, the request for Theraflex transdermal cream was not medically necessary.

Keratek gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: While the guidelines referenced support the topical use of mental salicylates, the requested brand name has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. Therefore, the request for Keratek gel was not medically necessary.