MAXIMUS Federal Services

Case Number:	CM14-0016957		
Date Assigned:	03/07/2014	Date of Injury:	11/29/2007
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Pain Medicine and is licensed to practice in Texas. 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 applicant is a represented [redacted] employee who filed a claim for post-laminectomy syndrome, lumbar spine associated with an industrial injury of 11/29/07. The applicant was treated with a posterior interbody fusion of the lumbar spine on 09/15/12 and has utilized medications including Zanaflex, Anaprox, Norco, and Prilosec. He also reportedly had physical therapy, aquatic therapy, and participated in home exercise program. In the most recent clinical note dated 12/04/13 by [redacted] it was noted that the patient complained of increased low back pain with colder temperatures. He also complained of stiffness in the back. He stated that the numbness and tingling were not present in the legs since his surgery but he had those symptoms in the lumbar spine. Physical examination by [redacted] on that date revealed restricted and painful range of motion of the low back. There was tenderness to palpation on the lumbar paraspinal musculature. The plan consisted of continuing home exercise program, refilling medications when due, and return in four weeks for a possible permanent and stationary evaluation. The exact name of the medication to be refilled was not specified in the clinical note. In utilization review report dated 01/24/14, the two requested compounded medications were not certified. The first compounded medication requested contained capsaicin powder, menthol crystal, camphor crystals, lipmax liquid, pluronic 20 pct gel, and ethoxy diglycol reagent. The second compound requested was reported to contain Caps crm 120 gm and Ketocrmcl 120 g. The reason for the denial of the first compound was noted to be based on evidence based guidelines which required that the efficacy and utility for the medications be noted in the clinical notes. Also, it was noted that evidence based guidelines state that the use of topical preparations such as compound medications containing at least one drug that is not recommended makes the overall utilization of the product not recommended. It was further noted that there was no specific

narrative presented to support how any individual specific therapeutic agent would achieve the goal indicated and no documentation as to why the claimant cannot tolerate oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION; CAPSAICIN POWDER; MENTHOL CRYSTAL; CAMPHOR CRYSTALS; LIPMAX LIQUID; PLURONIC 20PCT GEL; ETHOXY DIGLYCOL REAGENT, (DOS: 10/23/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS SECTION, CAPSAICIN SECTION, AND NON STEROIDAL ANTI-INFLAMMATORY MEDICATIONS (NSAID) SECTION, 111-113, 28-29, 67-73

Decision rationale: The clinical documentation provided did not discuss the reasons for the compounded medication and did not indicate there had been any substantial side effects with the oral version of the requested medication components. The most recent clinical notes did not discuss the need for the compound containing Capsaicin powder, menthol crystal, camphor crystals, Lipmax liquid, pluronic 20 PCT gel and Ethoxy diglycol reagent or the reason oral medication would be contraindicated. As per MTUS guidelines, all components of compounded topical medication must be approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore this compound could not be supported as medically necessary.

COMPOUND MEDICATIONS: CAPS CRM. 120GM; KETOCRMCL 120G,(DOS:01/08/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS SECTION, CAPSAICIN SECTION, NSAID SECTION , 111-113, 28-29, 67-73

Decision rationale: The clinical documentation provided did not discuss the reasons for the compounded medication and did not indicate there had been any substantial side effects with the oral version of the requested medication components. The most recent clinical note did not

discuss the need for the compound containing Caps crm 120 gm and Ketocrmcl 120 g. Also, there was no documentation stating reasons that an oral medication would be contraindicated. As per MTUS Chronic Pain Medical Treatment Guidelines, all components of a compounded topical medication must be approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore this compound could not be supported as medically necessary.