

Case Number:	CM14-0116203		
Date Assigned:	08/04/2014	Date of Injury:	03/10/2003
Decision Date:	09/11/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 injured worker is a 55 year old female injured on 03/10/03 due to an undisclosed mechanism of injury. The clinical note dated 05/27/14 indicates the injured worker presented complaining of continued numbness along the dorsal aspect of the foot and distal lateral aspect of the wedge. The injured worker reported improvement with tingling in the toes. Ongoing titration of Lyrica dose in addition to Neurontin 600mg at night time discussed in documentation. Documentation indicates the injured worker exhibiting better strength, ability to dorsal flex foot, extend her toes, and 4/5 strength. Surgical history includes total knee arthroplasty with complication of wound infection and peroneal knee palsy on 09/20/12 and decompression of the peroneal nerve on 07/05/13. Treatment plan included increased Lyrica dose to 75mg 4 tablets qd and discontinued Neurontin. The initial request for Lidocaine/Hyaluronic (patch) 6%, 0.2% cream #120 one refill and Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor (patch) 10%, 2%, 0.5%, 0.025%, 10%, 5% gel #120 with one refill was initially non-certified on 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic (patch) 6%, 0.2% Cream #120 1 refill: 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore Lidocaine/Hyaluronic (patch) 6%, 0.2% Cream #120 one refill cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Gab/Lid/Aloe/Cap/Men/Cam (patch) 10%; 2%; 0.5%; 0.025%; 10%; 5% gel #120 with 1 refill: 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Gab/Lid/Aloe/Cap/Men/Cam (patch) 10%; 2%; 0.5%; 0.025%; 10%; 5% gel #120 with 1 refill cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.