MAXIMUS Federal Services

Case Number:	CM14-0132148		
Date Assigned:	08/22/2014	Date of Injury:	08/16/2013
Decision Date:	09/18/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 patient is a 71 year-old with a reported date of injury of 08/16/2013 that occurred when the patient fell down some steps. The patient has the diagnoses of cervical/lumbar discopathy, carpal tunnel syndrome, cervicalgia, rule out internal derangement of the bilateral shoulders and knees. Past treatment modalities have included physical therapy and massage therapy. Per the progress notes form the primary treating physician dated 04/24/2014, the patient had complaints of constant neck pain that radiates to the upper extremities, constant bilateral shoulder pain that radiates to the elbows, constant pain the bilateral hands with numbness and tingling, constant pain in the lumbar spine that radiates to the bilateral lower extremities, and constant pain in both knees. Physical exam noted paravertebral spasm in the cervical spine with positive axial loading test, positive bilateral palmar compression test and Tinel's test, positive bilateral Hawkins' test in the shoulders with pain with range of motion, pain in the lumbar spine to palpation, and bilateral knee anterior joint line tenderness. Treatment recommendations included physical therapy and medications. Progress notes dated 06/19/2014 stated the patient had unchanged complaints and intact gait and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states:Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The supplied documents for review include a pharmacy order for a compounded cream that contains fluroprofen and capsaicin and another cream for lidocaine and hyaluronic acid. There is also mention in the progress notes from the April visit for menthoderm gel. In any case each of these compounded agents poses components that are not recommended by the guidelines in the MTUS and thus are not medically necessary.