

Case Number:	CM14-0152601		
Date Assigned:	09/22/2014	Date of Injury:	07/08/2007
Decision Date:	12/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 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:

This is a male patient who reported an industrial injury to the bilateral knees, wrists and hands on 7/8/2007, over seven (7) years ago, attributed to the performance of his usual and customary job tasks. The patient continues to claim of persistent pain to both knees and both wrists/hands with no improvement. The patient reportedly has difficulty walking and standing and uses a cane ambulate. The patient had some pain relief with corticosteroid injections to both knees. The patient is also prescribed LidoPro creams as topical analgesics. The objective findings on examination included full range of motion right knee; tenderness at the medial lateral joint line; no instability; positive patellar grind test with 5-/5 to 5/5 strength; left knee demonstrated range of motion of 0-120; tenderness at the joint lines; no instability; positive patellar grind test; full range of motion both wrists with tenderness with carpal compression strength is 5/5 bilaterally. Electrodiagnostic studies demonstrated evidence of mild to moderate right and mild left carpal tunnel syndrome. X-rays of the bilateral knees demonstrated mild DJD to the bilateral knees. The patient was prescribed Menthoderm gel #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 4oz #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 128, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter topical analgesics, topical analgesic compounded

Decision rationale: There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of topical NSAIDs is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topical. The patient is not demonstrated to have any GI issue at all with NSAIDs. The request for Methoderm topical gel 4 oz. is not medically necessary for the treatment of the patient for the diagnosis of reported chronic neck/back pain. The use of the topical creams/gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topical are more effective than generic oral medications. The prescription is accompanied with a state of medical necessity by the vendor which states, "compounded medications are not absorbed by the stomach so they do not cause any of the dangerous die effects that may be experienced by taking medications orally (ie damage to the liver and kidneys)." In fact, medications that are transdermal or oral enter the blood stream and are ultimately broken down in the liver or kidneys. The breakdown of the prescribed topical medication still occurs in the kidneys and liver. "Compounded medications are absorbed through the skin so less medication enters the blood stream. The benefit of this is that there is reduced chance of building tolerance to drugs thereby curbing any potential addiction to medication." There is no objective evidence to support this contention and high serum levels can be achieved through transdermal applications. The serum levels can be similar and have the same propensity towards tolerance. "Compounds have fewer possibilities of drug interactions because less of the medication enters the blood stream" is not supported with objective evidence. The ability to interact with other medications in the blood stream is the same whether the route of absorption is oral or transdermal. "Compounds provide faster relief than medications taken orally. With compound medications you get fast pain relief to the affected area within a matter of minutes of application" is also not supported with objective evidence. The use of Methoderm topical gel 4 oz. #1 not supported by the applicable ODG guidelines as cited below. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. The prescription of Methoderm topical gel 4 oz #1 is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs

for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic low back pain. There is no demonstrated medical necessity for the prescription of the topical Menthoderp gel 360 g. for the treatment of chronic knee and wrist pain.