

Case Number:	CM14-0168936		
Date Assigned:	10/17/2014	Date of Injury:	08/20/2012
Decision Date:	11/28/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational 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 injured worker is a 44 year old female with a date of injury on 8/20/2012. The injured worker had a slip and fall event, apparently, sustaining a left knee injury. Notes in the latter part of 2014 indicate that the injured worker was again evaluated with a knee magnetic resonance imaging (MRI); this scan did not show significant intra articular pathology. The injured worker was given various topical compounded medication creams. She was treated with extracorporeal shock wave treatment. The injured worker was also given Alprazolam, Zolpidem and Naproxen. Notes indicate ongoing joint line pain, decrease in knee range of motion and positive McMurray's sign. The medical records were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .025 Percent, Flurbiprofen 30 Percent, Methyl Salicylate 4 Percent, Lipoderm Base 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested topical compounded medications are not supported in any way by the clinical data or clinical guidelines. There is no indication that the injured worker was intolerant of oral medications, and there is no indication that there was any benefit from these topical compounds. From the Medical Treatment Utilization Schedule (MTUS): 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 non-steroidal anti-inflammatory drugs [NSAIDs], opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) (Argoff, 2006). We also note the Official Disability Guidelines (ODG) Guidelines on this issue: "Topical analgesics, compounded - Not recommended. There is mixed evidence about whether compounding topical medications, such as adding an anti-inflammatory agent to Capsaicin, is more efficacious than the single medication. Furthermore, a recent Food and Drug Administration (FDA) warning about the potential dangers of compounded topical medication containing local anesthetics supersedes any recommendation. The Food and Drug Administration (FDA) warns, that exposure to high concentrations of local anesthetics, like those in compounded topical anesthetic creams, can cause grave reactions including seizures, irregular heartbeats and death.) Many agents are compounded as monotherapy or in combination for pain control (including non-steroidal anti-inflammatory drugs [NSAIDs], opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." 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. Therefore, this request is not medically necessary.