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| Case Number: | CM14-0178406 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 04/15/1999 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

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 Connecticut. 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:

After careful review of the medical records, this is a 65-year-old male with complaints of left knee pain. The date of injury is 4/15/99 and the mechanism of injury was that when he was riding a scooter at work, he twisted while getting off, and he has had pain ever since. At the time of request for Monarch Pain Cream 72 Hours Supply 2 Tubes, there is subjective (5/10 significant left knee pain, which is chronic neuropathic pain with instability. He notices allodynia, dysesthesias, and hyperesthesia around and in the knee with significant neuropathic pain. Functional status has decreased due to the problems with blood flow in the left lower extremity.), objective (positive patellar sign in the left knee with some edema, positive McMurray's with atrophy of the left quadriceps muscle and weakness over the quadriceps muscle, weakness in flexion at 4+ to 5-/5 in the left knee, and continued tenderness to palpation along the joint lines both medial and lateral), findings, imaging/other findings (no imaging findings were available), surgeries (left lower extremity balloon procedure on 8/26/14 - unsuccessful), current medications (Norco, Monarch pain cream, Senna S, Coumadin, digoxin, simvastatin, metoprolol, metformin, Claritin, isosorbide, hydrochlorothiazide, nitroglycerin, and gabapentin), diagnoses (left knee arthropathy and neuropathic pain, secondary to left knee injury), treatment to date (multiple prior injections - not helpful and 18 authorized sessions of postoperative physical therapy for the left knee - but no information regarding improvement. Other pain medications, Norco and Monarch pain cream had helped him to improve in function and ADLs with some benefits)The request for Retro Monarch Pain Cream 72 Hours Supply 2 Tubes was denied on 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Monarch Pain Cream 72 Hours Supply 2 Tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.monarchmedicalgroup.com/services/transdermal-creams/>

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as 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. Many agents are compounded as mono-therapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS/ODG, that the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel). Clinical trial data suggest that Diclofenac sodium gel (the first topical NSAID approved in the US) provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events. [REDACTED] offers a line of custom-compounded creams specifically designed to address acute and chronic pain disorders and treat symptoms such as inflammation. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, there is lack of documentation as to the exact composition of the customized compounded medication prescribed. Thus, the request is not medically necessary.