

Case Number:	CM14-0032828		
Date Assigned:	06/20/2014	Date of Injury:	08/08/2013
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 Physical Medicine & Rehab, has a subspecialty in Pain 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 claimant is a 41 year old female who sustained injuries to her right foot, right knee, and low back as a result of a work place injury event on 08/08/13. On this date it was reported that a piece of wood fell pushing the right leg and foot of the injured worker into a pallet. She subsequently underwent evaluation as found to have a toughed fracture of the right great toe. Clinical notes indicated that the injured worker had complaints of low back pain radiating into the right lower extremity she was treated with oral medications and physical therapy. Per a clinical note dated 03/11/14 her lumbosacral pain resolved. She had moderate pain in the right knee. Right foot was graded as 3/10. MRI dated 09/17/13 showed a grade 3 medial meniscus tear without communication. The record contained a utilization review determination dated 02/13/14 in which requests for toprophan #30 and cyclo-keto-lido cream 240g was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toprophan prn qhs Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Foods.

Decision rationale: The request for Toprophan prn qhs #30 is not supported as medically necessary. Per the Official Disability Guidelines toprophan is considered a medical food. The records fail to establish that the injured worker has a condition for which a medical food would be of benefit and as such the medical necessity would not be established.

Cyclo-Keto-Lido 240gm: 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): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

Decision rationale: The request for Cyclo-Keto-Lido 240g is not medically necessary. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Cyclobenzaprine which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.