

Case Number:	CM14-0036662		
Date Assigned:	06/25/2014	Date of Injury:	09/15/1999
Decision Date:	07/31/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/26/2014

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 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:

The applicant has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 15, 1999. Thus far, the applicant has been treated with the following, analgesic medications; attorney representation; earlier knee arthroscopy; a knee brace; adjuvant medications; Synvisc injections; and topical compounds. It did appear that MTUS Chronic Pain Medical Treatment Guidelines were cited in the decision. The applicant was described as permanent and stationary and seemingly not working. The applicant's attorney subsequently appealed, on March 22, 2014. However, the applicant's attorney did not enclose any narrative commentary or medical progress notes in its appeal letter. It did appear that the applicant underwent an epidural steroid injection on a procedure note of July 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tram/Baba/Menth/Camp/Cap 180 GM 8-10-2-2-0.5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical topic Page(s): 28, 111.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin, one of the ingredients in the compound here, is specifically not recommended for topical compound formulation purposes except as a last-line agent, to be employed in cases in which there is evidence of intolerance to and/or failure of first-line choices. In this case, however, there is no evidence that the applicant has tried and/or failed multiple classes of first-line oral pharmaceuticals before the capsaicin-containing compound in question was considered. As noted previously, no clinical information or clinical progress notes were attached to the request for authorization or application for Independent Medical Review. Since one or more ingredients in the compound carry an unfavorable recommendation, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Flur/Cyclo 180 GM 15/10%: Upheld

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

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

Decision rationale: One of the ingredients in the compound is cyclobenzaprine, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Diclofenac F EP 240 GM 10-25% Transdermal: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac is indicated in the treatment of small joint arthritis which lends itself toward topical applications, such as, for instance, the knees, ankles, feet, hands, fingers, etc. In this case, however, there is no mention of small joint arthritis amenable to topical application present here. Again, no clinical progress notes were attached to the request for authorization and/or application for independent medical review. Therefore, the request is not medically necessary.

Amitriptyline DT EP 240 GM 4-10-20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to make a case for usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the agent proposed here. Therefore, the request is not medically necessary.