

Case Number:	CM14-0038321		
Date Assigned:	06/25/2014	Date of Injury:	06/30/2011
Decision Date:	08/26/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 Internal 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 patient is a 52-year-old female who was prescribed Hydrocodone/Acetaminophen/Dimethicone in November of 2013 for bilateral carpal tunnel syndrome and a retrospective request has been placed to get coverage of this compounded medication. This patient has a date of injury on 6/30/2011 for chronic back disease. The July 2013 MRI showed multilevel lumbar disc protrusions. She was later found to have bilateral carpal tunnel syndrome. There are plans to have a bilateral carpal tunnel release. She has had physical therapy, chiropractic manipulation and medications which include Cyclobenzaprine, Fluoxetine, Gabapentin and Ultracet, Proteolin (supplement) and Cartivisc (Glucosamine/Chondroitin supplement).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Hydrocodone/ Acetaminophen/Dimethicone, duration and frequency unknown: 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 Medications for Chronic Pain Page(s): 112, 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines of the MTUS state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, etc. 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. The medical record for this patient is lacking the documentation to justify the usage of the compounded analgesic. The order for it was not located in the chart so the requested documentation and frequency of usage is not known. The patient had previously been prescribed Ultracet (Tramadol and Acetaminophen). It is unclear whether she benefited from it. Also, it is unclear if she is still taking it (a drug screen showed the Tramadol level to be at zero). Though this is a request to cover the drug before it was purchased, it would also be helpful to see if the patient benefited from using the topical. Due to the insufficiency of documentation this compounded analgesic Hydrocodone/Acetaminophen/Dimethicone is deemed, not medically necessary.