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| Case Number: | CM14-0047662 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 01/02/2013 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 03/01/2014 |
| Priority: | Standard | Application Received: | 03/31/2014 |

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 Management 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:

According to the records made available for review, this is a 44-year-old male with a 1/2/13 date of injury. At the time (2/18/14) of request for authorization for topical compound Flurbidol 10%/20% ointment and Trepadone #120, there is documentation of subjective (pain and swelling in the right middle finger radiating to the forearm rated as a 7 out of 10) and objective (swelling over the lateral portion of the first IP joint and inability to close the middle finger into a fist) findings, current diagnoses (contusion of right hand, traumatic arthropathy of the right middle finger, and right hand/finger pain), and treatment to date (Ibuprofen, contrast baths, and physical therapy). In addition, medical report plan identifies starting Flurbidol ointment and Trepadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Flurbidol 10%/20% ointment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: An online search did not provide any articles/studies addressing the requested Flurbidol 10%/20% ointment. MTUS Chronic Pain Medical Treatment Guidelines

identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Therefore, based on guidelines and a review of the evidence, the request for topical compound Flurbidol 10%/20% ointment is not medically necessary.

Trepadone #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orphan Drug Act page 21.

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 Food and on Other Medical Treatment Guidelines or Medical Evidence: nutrientpharmacology.com.

Decision rationale: An online source identifies Trepadone as a Medical Food consisting of a proprietary formulation of neurotransmitter precursors and neurotransmitters; polyphenolic antioxidants; anti-inflammatory compounds; immunomodulatory peptides; precursors of functional components of joint connective tissue; and an adenosine antagonist in specific proportions, for the nutritional management of joint disorders associated with pain and inflammation. MTUS does not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of contusion of right hand, traumatic arthropathy of the right middle finger, and right hand/finger pain. In addition, there is documentation of pain and inflammation; that the product is a food for oral feeding; and will be used under medical supervision. However, there is no documentation that the product is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Therefore, based on guidelines and a review of the evidence, the request for Trepadone #120 is not medically necessary.