MAXIMUS Federal Services

Case Number:	CM14-0052777		
Date Assigned:	09/05/2014	Date of Injury:	04/12/2012
Decision Date:	10/08/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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 Florida. 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 injured worker is a 72-year-old female who reported an injury on 04/12/2012. The mechanism of injury is not provided. On 01/07/2014, the injured worker presented with complaints of frequent headaches and neck pain with bilateral upper extremity radicular symptoms. Upon examination of the cervical spine there was severely restricted range of motion and a positive bilateral Spurling's test. There was decreased sensation to light touch over the posterior aspect of the forearm bilaterally and 4/5 grip strength. MRI of the cervical spine without contrast performed on 08/23/2013 revealed moderate spondylosis resulting in mild central stenosis at C3-4, C5-6, and C6-7. There was moderately severe left and mild right foraminal narrowing at C4-5 and bilateral foraminal narrowing at C3-4. Diagnoses were left upper extremity radiculopathy, cervical radiculopathy with multilevel disc herniation, stenosis and spondylosis, aggravation of hypertension, and herniated nucleus pulposus. A current medication list was not provided. The provider recommended TheraFlex cream 120 gm and Keratek gel 40 oz. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex cream 120gm and Kera-tek gel 40z bottle: 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.

Decision rationale: The request for Theraflex cream 120gm and Kera-tek gel 40z bottle is not medically necessary. California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, and adenosine. There is little to no research to support the use of many of these agents. There is lack of documentation that the injured worker had tried and failed antidepressants or anticonvulsants. Additionally, the site that the medication is indicated for, the frequency, and the quantity of the medication was not provided in the request as submitted. As such, medical necessity has not been established.