

Case Number:	CM14-0066177		
Date Assigned:	07/11/2014	Date of Injury:	02/29/2012
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/09/2014

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:

131 pages were provided for review. The injury was on February 29, 2012. A compounded medicine was denied. The date of the request for the IMR was April 22, 2014. There was a Panel Qualified Medical Examination in psychiatry on April 11, 2014. This claimant started out as a laborer mixing cement and performing general duties and he operated a cement pump. He reported continuous trauma over the last seven or eight years, and there was injury involving his left knee, left biceps and the lower back. For the last 15 or 16 years he had no difficulty. When the new foreman came on board who could speak English, the work environment changed. He made unreasonable demands asking his coworkers to move more rapidly. He reportedly began to systematically get rid of older employers employees. Put a great deal of pressure on the claimant to work rapidly. He began having problems with his knee. In 2011 he sustained an injury to his left biceps. He also began to have problems with the low back. He was put on light duty. He was treated with acupuncture which was very helpful in reducing his pain. He denies any other history of anxiety or depression. He does have diabetes. The doctors impression was a depressive disorder, partial tear of the left biceps, disc herniations and lumbosacral arthritis, internal derangement of the left knee and adult-onset diabetes. There was an orthopedic assessment from October 9, 2013 that was an Agreed Medical Exam. The diagnosis was a torn left biceps, lumbar strain with degenerative disc disease and left knee chondromalacia. He was given a 5% whole person impairment rating for the upper extremities. For the back he received 7% and for the left knee, he was 2%. Overall he had a 14% whole person impairment rating. He should have access to orthopedic evaluation as needed. He should have analgesic and anti-inflammatory medicines. There is no need for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound amitramadol - 4%/ Tramadol 20%/ Dextromethorphan 10%/ Transderm 240mg: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127 Page(s): 111 of 127.

Decision rationale: The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS also notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately non-certified.

Compound Gabapentol 240gm: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127 Page(s): 111 of 127.

Decision rationale: As shared earlier, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS also notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately non-certified.

