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| Case Number: | CM15-0008102 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 05/28/2012 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 01/14/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained a work/ industrial injury when he slipped and fell and twisted his right knee (hyperflexing) on 5/28/12. He has reported symptoms of ongoing knee pain with level at 4/10. Past medical history included diabetes mellitus. There was some crepitus in the knee and catching in the right knee, ability to flex it about 120 degrees, extension at 0 degrees. There was crepitus and positive patellar grind on the right side as well. Surgery included medial meniscus repair on 11/29/12 and s/p re-tear of the medial meniscus with a new grade tear of the posterior horn of the medial meniscus with repair on 7/2/14. Treatments included physical therapy, home exercise program, oral analgesics, bracing, and topical compounds. On 12/24/14, Utilization Review non-certified (Retro) Panthenol powder 0.5%, Dexamethasone 2%, Baclofen powder 10%, Flurbiprofen 20%, Mediderm cream base, and dispensing fee, noting the Official Disability Guidelines (ODG) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Panthenol powder 0.5%, Dexamethasone 2%, Baclofen powder 10%, Flurbiprofen 20%, mediderm cream base with dispensing fee with a dos of 11/12/2014: 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), Pain Chapter, Topical Analgesics

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 requested medication contains multiple ingredients such as panthenol, which are not recommended for topical use per the California MTUS. When a compound contains one ingredient that is not recommended, the entire compound is not recommended per the California MTUS. Therefore the request is not certified.