

Case Number:	CM15-0104274		
Date Assigned:	08/19/2015	Date of Injury:	01/03/2013
Decision Date:	11/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old male whose date of injury was January 3, 2013. Medical documentation on April 23, 2015 indicated the injured worker was treated for metatarsophalangeal instability and pain in the joint of the ankle-foot. He was status post arthrotomy of the left ankle on 4-13-15. He reported sharp burning pain to the left ankle and rated his pain a 5 on a 10-point scale. X-rays of the left foot and left ankle on 4-23-15 revealed no increase in osteoarthritis. His treatment plan included topical pain medications, initiation of post-operative physical therapy and lace up brace for support. A request for authorization for compound medication Mometasone Powder-Doxepin Hcl-Scar Care Cream #60 for 30 days date of service 4-23-15; compound medication Flurbiprofen Pow #180 for 30 days for date of service 4-23-15; Kera Tek Gel #113 for 18 days; compound medication Methylcellulose Powder 4000 CPS/Omeprazole cap/flurbiprofen Pow #60 for 20 days for date of service 4-23-15; compound medication Methylcellulose Powder 4000 CPS/Gabapentin Pow/Pyridoxine Pow #120 for 30 days on date of service 4-23-15 was submitted. On May 6, 2015, the Utilization Review physician determined compound medication Mometasone Powder/Doxepin Hcl/Scar Care Cream #60 for 30 days date of service 4-23-15; compound medication Flurbiprofen Pow #180 for 30 days for date of service 4-23-15; Kera Tek Gel #113 for 18 days; compound medication Methylcellulose Powder 4000 CPS/Omeprazole cap/flurbiprofen Pow #60 for 20 days for date of service 4-23-15; compound medication Methylcellulose Powder 4000 CPS/Gabapentin Pow/Pyridoxine Pow #120 for 30 days on date of service 4-23-15 was not medically necessary based on CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Compound Medication: Mometasone Powder/Doxepin HCl/Scar Care Cream #60 x 30 days supply DOS: 4/23/2015: 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) Pulmonary Chapter: (Online version) Nasal Spray.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines address the topic of compound medications. In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety". Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Compounded medications are not subject to FDA oversight for purity or efficacy. Therefore, based on the submitted medical documentation, the request for a Mometasone Powder/Doxepin HCl/Scar Care Cream prescription is not medically necessary.

Retrospective Compound Medication: Flurbiprofen Powder #180 x 30 day supply DOS: 4/23/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines address the topic of compound prescriptions. In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Compounded medications are not subject to FDA oversight for purity or efficacy. Therefore, based on the submitted medical documentation, the request for Flurbiprofen Powder prescription is not medically necessary.

Retrospective Compound Medication: Methylcellulose Power 4000CPS/Omeprazole Cap/Flurbiprofen Powder #60 x 20 days supply DOS: 4/23/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines address the topic of compound medication prescriptions. In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Compounded medications are not subject to FDA oversight for purity or efficacy. Therefore, based on the submitted medical documentation, the request for Methylcellulose Power 4000CPS/Omeprazole Cap/Flurbiprofen Powder prescription is not medically necessary.

Retrospective Compound Medication: Methylcellulose Powder 4000CPS/Gabapentin Powder/Pyridoxine Powder #120 x 30 day supply DOS: 4/23/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines address the topic of compound medication prescriptions. In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety". Guidelines go on to state that, "There is little to no research to support the use of many of these agents". The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Compounded medications are not subject to FDA oversight for purity or efficacy. Therefore, based on the submitted medical documentation, the request for a Methylcellulose Powder 4000CPS/Gabapentin Powder/Pyridoxine Powder prescription is not medically necessary.

Kera Tek Gel #113 x 18 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Kera-Tek Gel is the brand name version of a topical analgesic medication containing menthol and methyl salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain." Therefore, based on the submitted medical documentation, the request for Kera Tek Gel is not medically necessary.