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| Case Number: | CM15-0133099 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 03/26/1999 |
| Decision Date: | 09/25/2015 | UR Denial Date: | 07/02/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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: Colorado

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 65 year old male, who sustained an industrial injury on March 26, 1999. The injured worker was diagnosed as having C4-5 and C5-6 disc herniations with degenerative discopathy and status post anterior cervical discectomy and fusion at C4-C5 and C5-C6 levels. Treatments and evaluations to date have included cervical fusion, x-rays, and medication. Currently, the injured worker complains of burning pain in the low back with pins and needles sensation in the bilateral lower extremities, rating the pain as 7/10, with fatigue and trouble sleeping. The Treating Physician's report dated March 20, 2015, noted the injured worker underwent an anterior cervical discectomy and fusion on January 24, 2015, doing well postoperatively, noting very little complaint of pain. The injured worker was noted to not be attending therapy or working at the time. The cervical spine examination was noted to show a well healed anterior left-sided cervical incision with improved range of motion (ROM) but still limited due to posterior cervical spasm and tightness. The injured worker was noted to continue to have some swallowing difficulty, coughing since the surgery, with a chest x-ray taken showing no evidence of patchy infiltrates or effusion. The injured worker was prescribed Zithromax Z-PAK precautionary for the coughing. A prescription was provided for a transdermal cream for topical pain relief. The request is retroactive approval of the topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Transdermal compound cream 240gm Compound: Menthol Crystal 2%, Camphor crystals 2%, Bupivacaine HCL powder 5%, Gabapentin powder 10%, Dextromethorphan HBR powder 10% microderm base cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is not recommended, then the entire compounded topical is not recommended. For the patient of concern, the records indicate ongoing pain despite management to include surgery. However, the compound requested includes multiple drugs / drugs classes, at least one of which is not recommended. Per the MTUS Guidelines, Gabapentin topical is not recommended. No studies support its use in topical preparations. The MTUS Guidelines do not address topical Menthol, topical Bupivacaine, topical Dextromethorphan or topical Camphor, which in this case is not relevant because the Gabapentin would not be recommended, so the entire compound of Menthol Crystal 2%, Camphor crystals 2%, Bupivacaine HCL powder 5%, Gabapentin powder 10%, Dextromethorphan HBR powder 10% microderm base cream is not recommended and not medically necessary.