

Case Number:	CM15-0139170		
Date Assigned:	07/29/2015	Date of Injury:	06/07/2007
Decision Date:	09/21/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61-year-old male, who sustained an industrial injury on June 7, 2007. He reported low back pain and left hip pain. The injured worker was diagnosed as having lumbar spine sprain and strain, multilevel degenerative disc disease, bilateral shoulder tendinitis and strain, bilateral elbow epicondylitis, bilateral wrist tendinitis and bilateral knee patellofemoral arthralgia. Treatment to date has included diagnostic studies, conservative care, medications and retirement. Currently, the injured worker continued to report continued low back pain, sciatic pain and decreased range of motion. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 23, 2015, revealed increased low back pain and sciatic pain. He rated his pain at 1-2 with medications and 7 out of 10 with 10 being the worst, without medications. Evaluation on April 14, 2015, revealed continued pain as noted. The pain was rated at 2-3 out of 10 with 10 being the worst with medications and 5-6 out of 10 with 10 being the worst without medications. It was noted pain medications provided 6-8 hours of relief. It was noted a left wrist brace and bilateral knee braces were replaced secondary to the old ones being worn out. The physician's notes were hand written and difficult to decipher. Retrospective reviews of Meth Sal 30%/ Menth 10%/ Caps 25% Cream #120gm, 30 day supply (DOS: 01/26/15), retrospective reviews of Meth Sal 30%/ Menth 10%/ Caps 25% Cream #120gm, 30 day supply (DOS: 02/18/15) and retrospective reviews of Meth Sal 30%/ Menth 10%/ Caps 25% Cream #120gm, 30 day supply (DOS: 04/15/15) were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Meth Sal 30%/ Menth 10%/ Caps 25% Cream #120gm, 30 day supply (DOS: 04/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Products, NSAIDS (non-steroidal anti-inflammatory drugs) (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Meth Sal 30%/ Menth 10%/ Caps 25% Cream #120gm. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Meth Sal 30%/ Menth 10%/ Caps 25% Cream #120gm is not medically necessary.

Retrospective review of Meth Sal 30%/ Menth 10%/ Caps 25% Cream #120gm, 30 day supply (DOS: 02/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Products, NSAIDS (non-steroidal anti-inflammatory drugs) (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Meth Sal 30%/ Menth 10%/ Caps 25% Cream #120gm. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and

of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Meth Sal 30%/ Menth 10%/ Caps 25% Cream #120gm is not medically necessary.

Retrospective review of Meth Sal 30%/ Menth 10%/ Caps 25% Cream #120gm, 30 day supply (DOS: 01/26/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Products, NSAIDS (non-steroidal anti-inflammatory drugs) (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Meth Sal 30%/ Menth 10%/ Caps 25% Cream #120gm. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Meth Sal 30%/ Menth 10%/ Caps 25% Cream #120gm is not medically necessary.