

Case Number:	CM15-0145768		
Date Assigned:	08/06/2015	Date of Injury:	03/21/2014
Decision Date:	09/28/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 40-year-old male who sustained an industrial injury on March 21, 2014 resulting in right groin pain. Diagnoses have included right inguinal hernia, and status post right inguinal herniorrhaphy times three prior to injury date. Documented treatment has included right groin triple neurectomy and removal of mesh implant November 5, 2014; three trigger point Methylprednisolone injections with reported pain relief allowing him to reduce pain medication intake; and, medications including Lidocaine patch, Norco, Zonalon cream and Gabapentin. The injured worker continues to report right groin pain, and the treating physician's plan of care includes 5 percent Zonalon cream with 3 refills. He is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zonalon cream 5% day supply 10 Qty 30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient was injured on 03/21/14 and presents with right groin pain. The request is for Zonalon cream 5% day supply 10 qty 30, 3 refills. There is no RFA provided and the patient is currently working. MTUS Guidelines, Topical Analgesics NSAIDs, page 111 states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to www.medicinenet.com, it shows that Zonalon cream contains Doxepin; a tricyclic antidepressant is used to relieve troublesome itching from certain skin conditions (e.g., atopic dermatitis, eczema, and neurodermatitis). It should be used only for a short time (no more than 8 days). It is not known how this medication decreases itching. The records show that the patient was prescribed this topical since 06/17/15. There is no documentation that the patient is experiencing any signs of dermatitis and how this topical has been helpful. There is no discussion in MTUS or ODG guidelines specific to topical antidepressants. Given the lack of the guidelines support, and no discussion regarding how this topical is being used, the request is not medically necessary.