

Case Number:	CM15-0188542		
Date Assigned:	09/30/2015	Date of Injury:	10/23/2010
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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: Preventive Medicine, Occupational Medicine

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 44-year-old male sustained an industrial injury on 10-23-10. Documentation indicated that the injured worker was receiving treatment for lumbago with displacement of lumbar intervertebral disc. Documentation indicated that previous treatment consisted of medication management. In a PR-2 dated 3-27-15, the injured worker reported that he was experiencing severe lumbar spine pain. The injured worker had last been seen by the physician on 9-22-14. Physical exam was remarkable for lumbar spine with "decreased" range of motion and strength to the lumbar spine. The treatment plan included requesting authorization for physical therapy, an interferential unit and medications, Norco, Orphenadrine-Caffeine, Gabapentin with Pyridoxine, Omeprazole-Flurbiprofen, Flurbi cream and Keratek gel. In the most recent documentation submitted for review, a PR-2 dated 4-27-15, the injured worker complained of lumbar spine pain rated 6 out of 10 on the visual analog scale. The injured worker reported that his pain began in the rib area and wrapped around the lower back. The injured worker had been approved for a physical therapy program. The physician documented that x-rays of the thoracic spine and lumbar spine showed loss of lumbar lordosis. The treatment plan included requesting authorization for electromyography and nerve conduction velocity test of bilateral lower extremities, performing heat and ice contrast therapy, a prescription for Norco, Keratek gel and Flurbi cream. On 9-10-15, Utilization Review noncertified a request for Mometasone/Doxepin 15%, 5% 50 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mometasone/Doxepin 15%, 5% 50 gm: 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) Ankle Chapter/Corticosteroids (topical) Section and Other Medical Treatment Guidelines <http://www.rxlist.com/elocon-ointment-drug/patient-images-side-effects.htm>. <http://www.rxlist.com/prudoxin-drug.htm>.

Decision rationale: Per manufacturer information, Mometasone is a topical steroid and Doxepin is a non-steroidal alternative that provides relief for itching. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Per the ODG, topical corticosteroids are currently under study. Not widely used or recommended, but limited evidence exists for the effectiveness of local corticosteroid therapy. Additionally, there is no quantity or dosage information associated with this request. As at least one of the medications in the requested compounded medications is not recommended by the guidelines. The request for Mometasone/Doxepin 15%, 5% 50 gm is determined to not be medically necessary.