

Case Number:	CM15-0199389		
Date Assigned:	10/14/2015	Date of Injury:	11/03/2014
Decision Date:	12/01/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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: California, North Carolina

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 was a 39 year old male, who sustained an industrial injury, November 3, 2014. The injured worker was undergoing treatment for headaches, cervical spine strain and or sprain, thoracic strain and or sprain, lumbar spine strain and or sprain, bilateral shoulder strain and or sprain, lumbar disc protrusion, lumbar radiculopathy, bilateral shoulder strain and or sprain and status post left shoulder surgery in 2001. According to progress note of August 25, 2015, the injured worker's chief complaint was constant headaches, neck, low back pain and bilateral shoulder pain. The headache pain was rated at 3-4 out of 10. The neck pain was rated at 5 out of 10 along with the bilateral shoulder pain. The low back pain was rated at 6 out of 10 which radiated into the lower extremities. The topical ointments help a lot and decrease the use of oral medications. The physical exam noted decreased range of motion in all planes of the lumbar spine. The injured worker previously received the following treatments urine toxicology laboratory study was consistent with medications prescribed on March 4, 2015, physical therapy and home exercise program. The RFA (request for authorization) dated August 25, 2015; the following treatments were requested a prescription for Pentoxifylline 5%, Aminophylline 3%, and Lidocaine 2.5% 240gr apply 3-4 times daily. The UR (utilization review board) denied certification on September 8, 2015; for a prescription for Pentoxifylline 5%, Aminophylline 3%, Lidocaine 2.5% 240gr apply 3-4 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pentoxifylline 5% Aminophylline 3% Lidocaine 2.5% 240gms: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is specifically recommended only in the formulation of a Lidocaine patch. This request is for a compounded product that contains Lidocaine, Pentoxifylline (Trental) and Aminophylline (a xanthine bronchodilator). Pentoxifylline and Aminophylline are not approved for topical use and are not approved for chronic low back/lower extremity pain. Therefore this request is not medically necessary or appropriate.