

Case Number:	CM14-0132722		
Date Assigned:	08/22/2014	Date of Injury:	07/23/2013
Decision Date:	10/21/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured worker is a 56 year old woman involved in a work related injury from 7/23/13. The exact mechanism of injury is unknown but the injured worker had multiple musculoskeletal problems including a lumbar spine injury and shoulder injury. The June 6, 2014 notes indicate ongoing right shoulder pain with pain that radiates into the right arm, and low back pain which radiates into the legs. There was paralumbar tenderness with positive impingement in the right shoulder. There is a review for transdermal compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Transdermal Compounds: Upheld

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

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

Decision rationale: The transdermal compounds are not indicated for this injured worker. Guidelines are clear that the use of topical medications are not indicated and not supported by the available evidence based medicine. We note that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended

for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Non-steroidal anti-inflammatory agents (NSAIDs) are recommended for the following indications: Acute pain is recommended for short-term use (one to two weeks), particularly for soft tissue injuries such as sprain/strains. According to a recent review, topical non-steroidal anti-inflammatory drugs (NSAIDs) can provide good levels of pain relief for sprains, strains, and overuse injuries, with the advantage of limited risk of systemic adverse effects as compared to those produced by oral non-steroidal anti-inflammatory drugs (NSAIDs). They are considered particularly useful for individuals unable to tolerate oral administration, or for whom it is contraindicated. The guideline criteria have not been met as there are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in this injured worker's clinical scenario. It is not clear that the injured worker is intolerant of oral medications. The compounded substance is composed of drugs that have, in many instances, no Food and Drug Administration (FDA) approval for a topical form, have no identified clinical application in topical form, or both. Therefore, Retro Transdermal Compounds is not medically necessary.