MAXIMUS Federal Services

Case Number:	CM14-0132814		
Date Assigned:	08/22/2014	Date of Injury:	01/11/2014
Decision Date:	09/26/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/17/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

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 50-year-old female who reported an injury on 01/11/2014 She reportedly sustained injuries to her back, hip, right leg, and internal system. The injured worker's treatment history included medications, physical therapy, x-rays, MRI studies, The injured worker was evaluated on 07/22/2014, and it was documented the injured worker had no significant improvement since the last exam. She complained of back pain. Physical examination of the lumbar spine revealed there was spasm present in the paraspinal muscles. There was tenderness to palpation of the paraspinal muscles. Examination showed no deficit in any of the dermatomes of the lower extremities to pin prick or light touch. Range of motion, right/left rotation was 20/30 degrees. Right/left lateral bending was 20/30 degrees. Extension was 20/30 degrees, and flexion was 20/30 degrees. Diagnoses included lumbar radiculopathy and enthesopathy of the hip. Medications included Medrox pain relief ointment and Orphenadrine ER 100 mg. Request for Authorization form dated 07/22/2014 was for Medrox pain relief ointment; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication - Compound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California (MTUS) Chronic Pain Medical Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is 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. Non-steroidal ant inflammatory agents (NSAIDs) 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 first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend Cyclobenzaprine as a topical medication. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain). The guidelines state that there are no other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Additionally, the request lacked duration, frequency, and location where topical cream is supposed to be applied on injured worker. As such, the request for compound medication is not medically necessary.