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| Case Number: | CM14-0165581 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 01/08/2010 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Internal Medicine 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 patient is a 41-year-old male with a date of injury on 01/02/2010. The mechanism of injury was a motor vehicle accident (MVA) in a company truck where he was rear ended by a large truck twice. He has a diagnosis of cervical spine strain with radiculopathy by electromyography (EMG), lumbar spine strain with radiculopathy, and bilateral groin pain status post (s/p) hernia repair. Medication use includes Neurontin, Norco, and KGLBC compounding cream. The current request is for a compounded cream and for H wave supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND TOPICAL CREAM: 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): 111-113.

Decision rationale: The request does not provide the components of the compounded cream, but the notes reflect KGLC cream (Ketamine, Gabapentin, Lidocaine, and Clonidine). Topical compounded medications can be used for certain chronic pain conditions (neuropathy usually) per MTUS. However, Gabapentin is never recommended topically. Moreover, Lidocaine is only

recommended as a Lidoderm patch. According to MTUS guidelines, any topical compound that has at least one of the non-recommended drugs in it, the entire compound is not recommended. Furthermore, MTUS states that each individual component should be tried one at a time and documentation as to effect/benefit be provided. The topical compounded cream that is requested is denied based on multiple reasons and the compounded cream is not medically necessary.

SUPPLIES FOR H-WAVE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: MTUS guidelines for H-wave therapy state that this modality be used in a limited trial fashion for pain if standard therapy, medications, physical therapy, and transcutaneous electric nerve stimulation (TENS) unit have failed or there is intolerance to standard therapy. There is no documentation of TENS being employed as a trial for this patient and/or outcome in the records provided. Therefore, the patient has not been documented to have a failure or intolerance to standard care therapy and the H-wave device and supplies are not medically necessary.