

Case Number:	CM14-0082723		
Date Assigned:	07/21/2014	Date of Injury:	11/27/2013
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 75-year-old male who reported an injury on 11/27/2013. The mechanism of injury involved a fall. Current diagnoses include lumbar spine herniated nucleus pulposus, lumbar facet arthropathy, left shoulder full thickness rotator cuff tear, left elbow lateral epicondylitis, left hip sprain, and left knee sprain. The injured worker was evaluated on 05/23/2014 with complaints of persistent pain over multiple areas of the body. Physical examination on that date revealed tenderness to palpation and guarding of the cervical, thoracic, and lumbar spine, limited range of motion of the left shoulder with positive impingement sign, 0 to 130 degree range of motion of the left elbow, and medial joint line tenderness of the left knee with a negative McMurray's sign. Previous conservative treatment includes physical therapy, extracorporeal shockwave therapy, activity modification, and medication management. The injured worker is noted to have undergone multiple diagnostic studies to include electrodiagnostic studies of the upper extremities on 04/08/2014; an MRI of the left elbow, left hip, and left knee on 04/12/2014; and an MRI of the cervical spine, lumbar spine, thoracic spine, and left shoulder on 04/09/2014. Treatment recommendations at that time included an internal medicine consultation, acupuncture twice per week for 4 weeks, a general orthopedic surgeon consultation, and a followup appointment in 4 weeks. A prescription order form was submitted on 05/23/2014 for a compounded cream including Menthoderm. A Request for Authorization form has been previously submitted on 04/23/2014 for multiple compounded creams, physical therapy, and multiple consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded topical medication, Flubi 20%/Trama 20%/Cyclo 4% cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chronic Pain, Medication, Compounded Drugs.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. There is also no frequency or quantity listed in the current request. As such, the request for Compounded topical medication, Flubi 20%/Trama 20%/Cyclo 4% cream is not medically appropriate.

Compounded topical medication, Gaba10%/Amitrip10%/Dextrol 0% cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chronic Pain, Medication, Compounded Drugs.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no peer-reviewed literature to support its use as a topical product. There is also no frequency or quantity listed in the current request. As such, the request for Compounded topical medication, Gaba10%/Amitrip10%/Dextrol 0% cream is not medically appropriate.

Compounded topical medication, Mentherm gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chronic Pain, Medication, Compounded Drugs.

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

Decision rationale: The California MTUS Guidelines state topical analgesics 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. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no strength, frequency, or quantity listed in the current request. As such, the request for Compounded topical medication, Methoderm gel is not medically appropriate.