

Case Number:	CM14-0203314		
Date Assigned:	01/13/2015	Date of Injury:	11/22/2011
Decision Date:	05/18/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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: 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 is a 48 year old male, who sustained an industrial injury on 11/22/2011. He reported pain of the neck, back, right shoulder, feet, knee, ankles, wrists and hands. The injured worker was diagnosed as having low back pain, lumbar radiculopathy, and post-traumatic stress disorder. Treatment to date has included medications, biofeedback, x-ray, magnetic resonance imaging, and behavioral pain management. The request is for compound medication: Bupivacaine / Diclofenac / Doxepin / Gabapentin / Orphenadrine / Pentoxifylene / Versatile / Dimethyl / Propylene / Ethoxy / Isopropyl & Ethyl Alcohol #100 with 3 refills. On 8/26/2014, he is noted to have worsened pain in the back with radiation down the leg. On 10/24/2014, he reported continued back, shoulder, hand, wrist, leg, and foot pain. He rated his overall pain as 8/10. He indicated he stopped his pain medications due to them upsetting his stomach. The treatment plan included cognitive behavioral therapy, and biofeedback therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication - Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine, Pentoxifylene, Versatile, Dimethyl, Propylene, Ethoxy, Isopropyl & Ethyl Alcohol #100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medications - compounded.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not certified.