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| Case Number: | CM15-0000450 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 11/08/2011 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 01/02/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 11/8/2011. She has reported constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level, radiating pain into her upper extremities and associated headaches that are migrainous in nature as well as tension between the shoulder blades. According to the utilization review performed on 12/17/2014, the requested Retro: Menth/camp cap/hyalor acid 3.5%/0.05%/.006%/0.2% 120gm QTY: 1.00 DOS: 3/31/2014 and Retro: Gab/lid/aloe/cap/ment/camp (patch 10%/2%/0.025%/10%/5% gel 120gm DOS: 3/31/2014 was denied. The documentation from 11/4/14 does not provide documentation to support these request nor does his RFA request these items. The request for authorization was sent directly from the National pharmacy and not sent by primary treating physician. The medical necessity of these requests was not supported and 2009 CA MTUS Chronic Pain Treatment Guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Menth/camp cap/hyalor acid 3.5%/0.05%/.006%/0.2% 120gm QTY: 1.00 DOS: 3/31/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter online for Topical analgesics

Decision rationale: The patient is a 53 year-old male with an 11/08/2011 date of injury. On 3/31/14 he complained of constant back pain and was diagnosed with disc disorder lumbar spine. The physician recommended "cont meds" There is no discussion of what medications the patient is using and no discussion of efficacy. This review is for a compounded topical containing menthol, camphor, capsaicin, hyaluronic acid. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS does not specifically discuss menthol, camphor, or topical hyaluronic acid. ODG-TWC guidelines, Pain Chapter online for Topical analgesics states: "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." There records from 1/20/14 through 8/29/14 do not document that the patient has tried and failed antidepressants and anticonvulsant medications; and the 3/31/14 report does not document neuropathic pain. ODG states custom compounding of medicines is not recommended. The request is not in accordance with MTUS or ODG guidelines. The request for Retro DOS 3/31/14, Menth/camp cap/hyalor acid 3.5%/0.05%/0.006%/0.2% 120 gm IS NOT medically necessary.

Retro: Gab/lid/aloe/cap/ment/camp (patch 10%/2%/0.025%/10%/5% gel 120gm DOS: 3/31/2014: Upheld

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

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

Decision rationale: The patient is a 53 year-old male with an 11/08/2011 date of injury. On 3/31/14 he complained of constant back pain and was diagnosed with disc disorder lumbar spine. The physician recommended "cont meds" There is no discussion of what medications the patient is using and no discussion of efficacy. This review is for a compounded topical containing gabapentin, lidocaine, aloe vera, capsaicin, menthol, and camphor. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS states topical gabapentin is not recommended, therefore the whole compounded topical product that contains gabapentin is not recommended. The request for Gab/lid/aloe/cap/ment/camp 10%/2/50.025%/10%/5% gel 120 gm for DOS 3/31/14 IS NOT medically necessary.

