

Case Number:	CM15-0115339		
Date Assigned:	06/23/2015	Date of Injury:	08/16/2013
Decision Date:	07/29/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 72 year old male, who sustained an industrial injury on 8/16/13. He has reported initial complaints of a fall with injury to face, chest, knees, hands, right shoulder and back. The diagnoses have included right knee internal derangement and joint derangement of the shoulder. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, injections, pain management and home exercise program (HEP). Currently, as per the physician progress note dated 3/26/15, the injured worker complains of right shoulder pain that is worsening rated 9/10 on pain scale, bilateral knee pain with swelling and buckling rated 9/10 on pain scale, constant cervical spine pain aggravated by repetitive motions rated 8/10 on pain scale, constant low back pain that radiates to the lower extremities rated 7/10 on pain scale and bilateral wrist/hand pain left greater than right index finger with locking and throbbing pain that is rated 7/10 on pain scale. The objective findings reveal that the cervical spine exam shows tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, and limited range of motion with pain. The lumbar exam reveals tenderness with spasm, positive seated nerve root test, and standing flexion and extension is guarded. The wrist/hand exams reveal tenderness over the volar aspect of the wrist and index A1 pulley left greater than right with triggering, positive palmar compression test, positive Tinel's sign over the carpal tunnel, painful range of motion and diminished sensation in the radial digits. The shoulder exam reveals tenderness, positive Hawkin's and impingement signs, rotator cuff function is painful, reproducible symptomology with internal rotation and forward flexion. The knee exam reveals tenderness, positive patellar grind test, positive McMurray test, and there is crepitus with painful range of motion. The current medications were not noted.

There is no previous urine drug screen reports noted. The physician notes that the medications are benefitting the injured worker to help improve and relieve the symptoms and activities of daily living (ADL) making it possible to continue working and maintain his activities of daily living (ADL). The physician requested treatments included Compound Meds; patches; Flurbiprofen 10%, Capsaicin 0.025%, patch prepared in cream with 3 refills and Lidocaine 6%, Hyaluronic acid 2% patch, prepared in cream with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Meds; patches; Flurbiprofen 10%, Capsaicin 0.025%, patch prepared in cream with 3 refills: 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): 111-112.

Decision rationale: Compound Meds; patches; Flurbiprofen 10%, Capsaicin 0.025%, patch prepared in cream with 3 refills is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended; therefore, the compounded mixture is not medically necessary.

Lidocaine 6%, Hyaluronic acid 2% patch, prepared in cream with 4 refills: 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): 111-112.

Decision rationale: Lidocaine 6%, Hyaluronic acid 2% patch, prepared in cream with 4 refills is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended; therefore, the compounded mixture is not medically necessary.