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| Case Number: | CM15-0179781 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 01/08/2014 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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: 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 36-year-old female who sustained an industrial injury on 01/08/2014. Current diagnoses or physician's impression include(s) pain in the shoulder joint, and rotator cuff syndrome. Report dated 07-20-2015 noted that the injured worker (IW) presented with complaints that included continued right shoulder pain. Pain level was 3 out of 10 on a visual analog scale (VAS). Physical examination performed on 07-20-2015 revealed mild pain and stiffness in the right shoulder, with neck pain subsided. Previous physical exam indicated right shoulder pain with a pain rating of 5 out of 10, and stiffness and weakness in the right shoulder. X-rays were taken of the right shoulder and humerus, and reportedly showed no increase in osteoarthritis. Previous treatments included oral and topical medications, right shoulder arthroscopy with acromioplasty on 02-10-2015, physical therapy, and an intra-articular cortisone injection, which was noted to be helpful. The treatment plan included continued physical therapy, continued medications including Keratek gel and topical Mometasone & Doxepin. Currently, the IW is allowed to return to work with restrictions; however, it was not noted if the IW was working. Request for authorization dated 07-20-2015, included requests for Keratek gel (Methyl salicylate & Menthol) 4oz bottle, apply 1-2 grams 2-3 times a day, and Mometasone 0.15% & Doxepin 5% 80gm, apply 1-2 grams 2-3 times a day. The utilization review dated 08-18-2015, non-certified the request for Keratek gel (Methyl salicylate & Menthol) based on the lack of benefit from previous use, and non-certified the request for topical Mometasone & Doxepin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek gel (Methyl salicylate/Menthol) 4oz bottle, apply 1-2 grams 2-3 times a day:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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, biogenic amines, 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 ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

Mometasone/Doxepin 0.15%/5% 80gm, apply 1-2 grams 2-3 times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Curr Opin Otolaryngol Head Neck Surg, 2005. <http://reference.medscape.com/dug/elcon-mometasone>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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, biogenic amines, and nerve growth factor). (Argoff,

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