

Case Number:	CM15-0022471		
Date Assigned:	02/12/2015	Date of Injury:	09/12/2001
Decision Date:	04/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/06/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 57 year old male who sustained an industrial injury on September 12, 2001. He has reported low back pain and has been diagnosed with multilevel degenerative disc disease of the lumbar spine, disc desiccation throughout the lumbar spine, significant disc collapse as well as facet disease and moderate to severe left greater than right foraminal stenosis L3-4, moderate foraminal stenosis L4-5, and moderate to severe spinal stenosis L1-2, L2-3. Treatment has included a home exercise program and medications; currently the injured worker had restricted range of motion of the lumbar spine with muscle guarding and spasm. The treatment plan included a home exercise program and medications. On January 19, 2015 Utilization Review non certified compound (EGC 1%, dimethylsulfone 2%, tranilast 1%, ascorbic acid 2%-caffeine 1%) topical gel citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound (EGC 1%, dimethylsulfone 2%, tranilast 1%, ascorbic acid 2%- caffeine 1%) topical gel pracasil plus: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veregen: A Botanical for Treatment of Genital Warts The Medical Letter on Drugs and Therapeutics - February 25, 2008 (Issue 1280) p. 15 Treatment Guidelines from The Medical Letter - April 1, 2013 (Issue 128) p. 31 Official Disability Guidelines: CRPS, medications-Therapeutic potential of tranilast, an anti-allergy drug, in proliferative disorders. Rogosnitzky M1, Danks R, Kardash E. Official Disability Guidelines: Forearm, Wrist, & Hand, Vitamin C Drugs for Pain.

Decision rationale: This medication is a topical medication containing EGC (epigallocatechin gallate), dimethylsulfone, tranilat, ascorbic acid, and caffeine Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Epigallocatechin gallate is a botanical drug product used for treatment of external genital and perianal warts. There is no documentation that this patient is being treated for genital or perianal warts. Dimethyl sulfone is similar to dimethyl sulfoxide (DMSO). There is some evidence of efficacy for topical DMSO cream in the treatment of CRPS. There is no documentation that the patient is suffering from CRPS. The medication is not recommended. Tranilast (N-[3,4-dimethoxycinnamoyl]-anthranilic acid; Rizaben) is an anti-allergy drug approved for use in Japan and South Korea, also used against asthma, autoimmune diseases, and atopic and fibrotic pathologies. This medication is not recommended. Ascorbic acid is vitamin C. It is recommended as an oral supplement in wrist fractures to lower the incidence of RSD. It is not recommended as a topical agent. Caffeine in doses of 65-200 mg may enhance the analgesic effect of acetaminophen, aspirin or ibuprofen. It is not recommended as a topical agent. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.