

Case Number:	CM13-0011649		
Date Assigned:	09/23/2013	Date of Injury:	04/25/2013
Decision Date:	01/16/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, headaches, wrist pain, and finger pain reportedly associated with an industrial injury of April 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; and work restrictions. It does not appear that the applicant has returned to work with said limitations in place. The claims administrator denied a request for Terocin, flurbiprofen containing compound, and a gabapentin containing compound in a utilization review report of July 22, 2013. The applicant's attorney later appealed. In a June 17, 2013 note, the applicant's pain management physician states that she is working part-time with restrictions. It is noted that the applicant was given prescriptions for Vicodin, Xanax, acupuncture, and several topical compounds. A later note of July 25, 2013 is again notable for comments that the applicant is using several oral pharmaceuticals, including tramadol, Xanax, and Wellbutrin in conjunction with topical compounds. Work restrictions are again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 240ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 28.

Decision rationale: As noted by the National Library of Medicine, Terocin is an amalgam of methyl salicylate, capsaicin, and menthol. Capsaicin, per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, is considered a last line agent, to be employed only in those individuals who are intolerant to and/or have not responded to other treatments. In this case, however, the applicant is using several first-line oral pharmaceuticals, including Vicodin, tramadol, etc., effectively obviating the need for the largely experimental topical agent. Therefore, the request remains non-certified, on independent medical review.

Flurbi (NAP) cream-LA 180gm: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to make a case for analgesic or topical compounds. It is further noted that the applicant usage of oral Vicodin and tramadol effectively obviates to the need for the topical flurbiprofen containing compound which is, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is likewise not certified.

GabaCycloTram 180gm: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither gabapentin nor cyclobenzaprine is recommended for compound use purposes, resulting in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request remains non-certified, on independent medical review.