

Case Number:	CM13-0014387		
Date Assigned:	10/03/2013	Date of Injury:	08/08/2008
Decision Date:	01/30/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/21/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year old male who reported an injury on 04/07/1999. The mechanism of injury was that the patient was pushing and pulling on a valve and the valve broke and the patient subsequently injured his back. The patient was diagnosed with degeneration of cervical intervertebral disc, cervical disc displacement, lumbar disc displacement, cervical radiculitis, lumbar radiculopathy, low back pain and carpal tunnel syndrome. The patient has been treated with medication, physical therapy, and time off from work. The patient is status post anterior cervical spine discectomy and fusion from C5 to C7 and Carpal Tunnel Release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% Capsaicin: 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: CA MTUS Chronic Pain Medical Treatment states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state gabapentin not recommended as a topical analgesic. There is no peer-reviewed

literature to support use. The guidelines also state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). The clinical documentation submitted for review does not meet the recommended guidelines. Although, the clinical documentation submitted and dated 06/19/2013 indicates the patient has complained of pain to the cervical area and tension between the shoulder blades, the guidelines do not recommend topical analgesics. The physician progress not dated 07/24/2013 states the patient is currently taking Neurontin. Adding a topical treatment of the same medication can result in blood concentrations and systemic effect comparable to those from oral forms as the guidelines state. As such, the request is non-certified.

Terocin lotion: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin lotion is a compound topical analgesic which contains methyl salicylate, capsaicin, menthol and Lidocaine hydrochloride. CA MTUS states the FDA only recognizes Lidocaine for topical use. The clinical documentation submitted for review shows that the patient has used a topical analgesic with no findings as to its efficacy. As such, the request is non-certified.