

Case Number:	CM13-0030097		
Date Assigned:	11/27/2013	Date of Injury:	03/10/2005
Decision Date:	07/21/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/27/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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/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:

This case is a 54-year-old female with date of injury on 3/10/2005. Reviews of the medical records indicate that the patient is undergoing treatment for hypertension, asthma, bilateral carpal tunnel, and internal derangement (left knee, foot, and ankle). Subjective complaints (10/7/2013) included low back pain with radiation to buttocks and up to her shoulder blade on the right side, numbness and pain to right knee, pain to left ankle, pain to right foot, pain to right wrist, pain to cervical neck, frequent pain to right shoulder and persistent pain to right elbow. Objective findings (10/7/2013) include tenderness to left knee, guarded lumbar spine with flexion/extension, tenderness to left ankle and right foot, positive bilateral palmar compression test in median nerve distribution, tenderness to right shoulder, "C5-6 root type pain" of the right elbow, and "general weakness and numbness has been noted" of cervical spine. Treatment has included atenolol, ibuprofen, right knee surgery (5/2005), and right total knee replacement (2/2010). A utilization review dated 9/9/2013 non-certified a request for TEROGIN LOTION #120 (due to this formulation of lidocaine not meeting guidelines) and GABAPENTIN 50% IN CAPSAICIN SOLUTION LIQUID #120 (due to this formulation of gabapentin not recommended by guidelines and capsaicin dosing not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Lidoderm patches Page(s): 111, 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics and UpToDate.com, Lidocaine (topical).

Decision rationale: Terocin patch is topical pain patch that contains lidocaine and menthol. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. MTUS states regarding topical analgesic creams, "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." Lidocaine is not supported by the treatment guidelines. As such, the request for prospective request for 1 prescription of Terocin lotion #120 is not medically necessary.

GABAPENTIN 50% IN CAPSAICIN SOLUTION LIQUID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Topical Analgesics.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. ODG and MTUS also state regarding topical Gabapentin "Not recommended. There is no peer-reviewed literature to support use." Guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of anti-epilepsy drugs as a topical product, nor is there evidence for efficacy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As such, the request for Gabapentin 50% in Capsaicin Solution Liquid #120 is not medically necessary.