

Case Number:	CM13-0036155		
Date Assigned:	12/13/2013	Date of Injury:	01/22/2007
Decision Date:	03/27/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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. 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 47 year-old injured worker who was injured on 1/22/07 when a wheel fell off the forklift he was driving. The patient had cervical discectomy and fusion in 2008. On 9/26/13 [REDACTED] UR provided a retrospective denial for Terocin lotion and Gabacyclotram for 5/23/13 to 8/29/13. According to the 5/7/13 report from [REDACTED], noted that the patient presents with GI problems. The patient was using OxyContin, hydrocodone and NSAIDs. The diagnosis was gastritis, duodenitis and constipation. The patient was not likely to have more surgeries, the pain was severe, and he was on NSAIDs and narcotics. [REDACTED] requested transdermal creams for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion and Gabacyclotram: 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: According to the MTUS Chronic Pain Medical Treatment Guidelines "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin contains topical lidocaine. The MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. A compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria. Additionally, the MTUS states Gabapentin is not recommended for topical applications, so any compound topical containing gabapentin is not recommended. The retrospective request for new Terocin and Gabacyclotram (duration and frequency unknown) dispensed on 5/23/2013 is not medically necessary and appropriate.

Flurbiprofen Powder/Lidocaine HCL Powder/Amitriptyline HCL Powder and 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: The MTUS Chronic Pain Medical Treatment Guidelines states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Additionally the MTUS states Gabapentin is not recommended for topical applications, so any compound topical containing gabapentin is not recommended. Flurbiprofen topical would not be recommended, as MTUS for topical NSAIDs specifically state it is only for joints amenable to topical treatment, and states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The request would not be recommended for the patient's cervical condition. Any compounded topical containing Flurbiprofen would not be indicated for the cervical spine. And as above, regarding topical lidocaine. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. The retrospective request for Flurbiprofen Powder/Lidocaine HCL Powder/Amitriptyline HCL Powder and Gabacyclotram 180gm (duration and frequency unknown) dispensed on 8/26/2013 is not medically necessary and appropriate.